2009

The content, nature, and ethics of pastoral counseling by West Virginia Baptist ministers

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THE CONTENT, NATURE, AND ETHICS OF PASTORAL COUNSELING BY
WEST VIRGINIA BAPTIST MINISTERS

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Dissertation Submitted to the
College of Human Resources and Education
at West Virginia University
in partial fulfillment of the requirements
for the degree of

Doctor of Philosophy
in
Counseling Psychology

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Morgantown, West Virginia
2009

Keywords: West Virginia Baptist Ministers, Pastoral Counseling
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Abstract

The Content, Nature, and Ethics of Pastoral Counseling by West Virginia Baptist Ministers

Nancy Landis-Taylor

While there is considerable literature available on pastors and the ministry and much writing concerning therapists and secular counseling as well as pastoral counseling, very little has been written concerning counseling by pastors without professional counseling training. This neglected area of research is unfortunate considering many pastors are considered or required to be counselors by their churches and denominations. In addition, there is minimal training in pastoral counseling in most seminaries, leaving many pastors to assume a role for which they may be unprepared. This exploratory study used a self-report instrument specifically developed for this research endeavor to collect information about the counseling methods, ethics, and referral habits of 248 West Virginia Baptist ministers. Ministers who were formally trained in counseling theory and technique were compared to ministers who were not formally trained in counseling. The study revealed significant differences. Ministers without formal counseling training placed a greater emphasis on the use of the Bible and prayer, were more hesitant to refer their counselees, differed in their type of counseling methods, and differed on the types of clients they would counsel, as compared to those ministers with formal counseling training. The implications suggest many ministers assume a role for which they may be unprepared and may benefit from the incorporation of counseling education into their pastoral training.

Dedication

To the members of the West Virginia Baptist Convention and those they serve.

Acknowledgements

To my doctoral committee; Dr. Jeffrey Daniels, Dr. James Bartee, Dr Jennifer Adams, Dr. Larry Kontosh, Dr. Deborah Hendricks, and Dr. Truett Rogers thank you for your guidance and encouragement. I would like to extend my appreciation to Dr. Michael Stephens and the West Virginia Baptist Convention members. Without your cooperation this project could not have been completed. To my children, thank you for your love, patience, and sacrifice. It doesn't take any talent to do well when times are good. The measure of our character is how we handle ourselves when times are difficult.

Table of Contents

Chapter 1. Introduction	1
Definition of Terms.....	4
Churches in the United States	9
Churches in West Virginia.....	11
Pastoral Counseling Philosophy	12
Counseling Ethics	15
West Virginia American Baptist Study.....	16
Purpose of the Study	17
Statement of the Problem.....	18
Research Hypotheses	20
Chapter 2. Literature Review	21
Pastoral Counseling Training.....	22
Ethics in Pastoral Counseling	29
Codes of Ethics	32
Mainline Moderate Division	32
Evangelical Conservative Division.....	34
American Psychological Association	36
Comparison: Mainline Moderate and Evangelical Conservative Divisions to the American Psychological Association	38
Summary of Code Differences.....	40
Multicultural Issues.....	42
Opposing Viewpoints.....	44

Uniting Opposing Viewpoints	46
Chapter 3. Methods	48
Participants.....	48
Instrument	49
Instrument Validity	52
Instrument Limitations.....	53
Procedures.....	54
Research Design.....	55
Data Analysis	56
Research Question 1	57
Research Question 2	59
Research Question 3	60
Research Question 4	62
Chapter 4. Results	65
Descriptive Statistics.....	65
Research Questions.....	65
Research Question 1	66
Research Question 2	72
Research Question 3	76
Research Question 4	83
Chapter 5. Discussion	88
Research Question 1	89
Research Question 2	90

Research Question 3	92
Research Question 4	95
Limitations and Future Directions	97
Conclusions.....	99
References.....	103
Appendices.....	112
Appendix A.....	112
Appendix B.....	118
Appendix C.....	133
Appendix D.....	138
Appendix E.....	163
Appendix F.....	172
Appendix G.....	173
Appendix H.....	174
Appendix I.....	176
Appendix J.....	182

List of Tables

Table 1. Demographic Characteristics	67
Table 2. Internal Coefficient Alpha Research Question 1	70
Table 3. Bible and Prayer Emphasis Scores	71
Table 4. Independent t test Results for Bible and Prayer Emphasis as a Function of Formal Counseling Training	71
Table 5. Would Refer Clients	73
Table 6. Client Referrals Made	74
Table 7. Number of Referrals Made	75
Table 8. Independent t test Results for Number of Referrals made as a Function of Formal Counseling Training	75
Table 9. Overall Ethics Internal Coefficient Alpha	76
Table 10. Factor Analysis for Research question 3	77
Table 11. Client Type Internal Coefficient Alpha	79
Table 12. Minister's Ethics Scores on Client Type	81
Table 13. Independent t test Results for Type of Client as a Function of Formal Counseling Training	81
Table 14. Codes Guiding Ministers' Counseling.....	82
Table 15. Combined Method of Counseling.....	84
Table 16. Method of Pastoral Counseling.....	85
Table 17. Uncomfortable Topics	85
Table 18. Minister's Stress	86

Chapter 1

Introduction

In 1757, Scottish philosopher David Hume wrote that mankind hangs in perpetual suspense between life and death, health and sickness, plenty and want – conditions which are distributed among humans by secret and unknown causes. These unknown causes become the constant object of one's hope and the affliction of one's fear; the advantage of this affliction is that it brings people to a due sense of religion (Hume, 1889).

Noting Hume's comment, religious leaders have traditionally sought to provide spiritually-based solutions for those individuals afflicted with Hume's "due sense of religion." Clergy have listened intently to personal problems for centuries (Cremins, 2002). As society developed, clergy began to function in areas beyond religious ritual (Augsburger, 1989). According to Cremins, they cultivated a spiritual counseling response to those suffering from mental and emotional illness (2002). As the roles of clergy have taken different forms throughout the centuries of Christian faith, so too have the roles of counselors and the field of psychology.

In the early 1600s, psychology was regarded as the study of the soul, in the Christian sense of the term (Boedecker & Tulk, 2006). However, as the scientific aspects of psychology emerged, psychology and religion became more at odds. Psychologists were working hard to establish themselves as scientists; as a result, they began to divorce themselves from some of the negative influences of religion. According to Boedecker and Tulk, it became important to portray disturbed individuals as having a mental illness

rather than as being possessed by the devil. This resulted in an increase in the number of people seeking counseling from psychologists rather than clergy (2006).

Psychologists found themselves helping people with a variety of issues concerning religion and spirituality (Boedecker & Tulk, 2006). According to Reber (2006), psychologists were often referred to as “secular priests” because of their role in listening to clients’ “confessions.” In an interview with freelance author Alison Buckholtz, Kristin J. Leslie, an assistant professor of pastoral care and counseling at Yale Divinity School, pointed out that as more non-Christian therapists counseled Christian clients, there was a perception among the religious community that psychologists medicalized spiritual problems (2005). Many clients returned to their pastors for counseling because they felt that mainstream psychologists and psychiatrists were hostile to their religious and spiritual beliefs (Boedecker & Tulk, 2006).

Sigmund Freud (1950) described religion as an "obsessional neurosis." Albert Ellis (1985) wrote that “religiosity” is significantly correlated with emotional disturbance, as religious people tend to be inflexible, closed, intolerant, and unchanging. Though the perspectives of Freud and Ellis have less influence on counseling practice in recent years, the hostile perception lingers (Koenig, 1998). In addition, many Americans holding religious convictions perceive that psychologists and psychiatrists are not religious themselves and, therefore, cannot understand them (Buckholtz, 2005).

Nevertheless, according to Boedecker and Tulk (2006), although religion and psychology are often at odds they share commonalities. Religion is often described as an organized system of beliefs, rituals, and cultural traditions. Spirituality is described as a more encompassing, direct experience of awe, gratitude and connection with something

greater than oneself. Boedecker and Tulk point out that every religious tradition provides practices for spiritual experiences, but so do many types of psychotherapy. The spiritual search for such things as meaning, hope, compassion, creativity and wholeness are part of human nature and should not be claimed by either religion or psychology exclusively. As Buckholtz (2005) wrote, when there is that much hostility in two areas that should complement each other [religion and social science], a middle group is needed to broker peace.

In response to this need, the responsibility of pastors to attend to their congregants' spiritual needs appears to have evolved once again; as a result, many now view the role of pastors to also include mental health counseling. Additionally, congregants seem to expect it (Stone, 2001). The term "counselor" appears in several Bible verses, such as: "Also Jonathan, David's uncle, was a counselor, a wise man, and a scribe; and Jehiel the son of Hachmoni was with the king's sons" (1 Chronicles 26:14) and "Where no counsel is, the people fall; but in the multitude of counselors there is safety" (Proverbs 11:14). The original New Testament Greek word *parakletos*, which literally means "called to one's side," was used to describe someone who helped others by defending or comforting them. In English-language versions of the Bible, *parakletos* is usually translated as *advocate*, *comforter*, *helper*, or *counselor* (Strong, 2004).

It should be noted that pastoral counseling is a unique form of counseling in which ordained ministers, rabbis, priests and others provide therapy services. The therapists integrate modern psychological thought and method with traditional religious training (Wikipedia, 2009).

For ease of reference a definition of terms is provided. In addition, the text will further explain terms as they are discussed.

Definition of Terms

1. *Bi-vocational ministers*: Pastors with full or part-time secular employment as well as part-time pastoral duties.
2. *Clergy*: One who is designated for professional religious duties.
3. *Conservative*: Favoring of the preservation of the existing order; in religious terms it is generally used to indicate a biblical rather than a philosophical orientation.
4. *Counseling methods*: For the purposes of this study, counseling methods refer to the use of Bible, scripture, prayer, and/or the use of a specific therapeutic orientation, techniques and a specific code of ethics.
5. *Dual-role ministers*: Pastors with full or part-time secular employment and part-time pastoral duties.
6. *Evangelical*: Common belief in the verbal inspiration and sole authority of Scripture; in the near return of Christ to redeem His elect; the supreme importance of preaching, with a relative minimizing of liturgical worship; rejection of the doctrines of Baptismal regeneration and the Eucharistic sacrifice.
7. *Evangelical Conservative*: A narrowing of the evangelical and conservative positions: a position that enlarges the evangelical position to include beliefs of inerrancy of scripture.
8. *Formally trained*: For the purposes of this study, formally trained, refers to the training of ministers with a minimum of at least counseling education in a training

program approved and/or accredited by one of the following organizations;
American Psychological Association, American Counseling Association, Council
for Accreditation of Counseling and Related Educational Programs (CACREP)
American Association of Christian Counselors, American Association of Pastoral
Counselors, Association of Social Work Boards, National Association of
Nouthetic Counselors.

9. *Independent churches*: Individual churches not organizationally related to larger denominational bodies.
10. *Mainline*: Older established churches and denominations that are associated with a traditional orthodox theology.
11. *Mainline Moderate*: In addition to historic orthodoxy, mainline churches are open to some variety of scriptural interpretation such as modes of baptism, interpretation of the meaning of the sacraments, and the nature of the church.
12. *No formal counseling training*: For the purposes of this study no counseling training refers to ministers who have no counseling training from a program approved and accredited by one of the following organizations; American Psychological Association, American Counseling Association, American Association of Christian Counselors American Association of Pastoral Counselors, Association of Social Work Boards, National Association of Nouthetic Counselors.
13. *Minister*: A Biblical term for “one who serves”; in most cases, one who serves as a pastor of a local congregation, missionary, or chaplain.

14. *Nouthetic*: From a Greek term indicating a practice of using only scripture as a counseling method.
15. *Ordained*: To be invested with the office of minister, priest, or rabbi.
16. *Pastor*: From a biblical term (shepherd) indicating a minister of a specific congregation.
17. *Tent-maker ministers*: Ministers with full or part-time secular employment and part-time pastoral work.

Defining the terms pastor, therapist and counselor will be helpful for the following discussion. A pastor is a minister or priest of a Christian church. The word “pastor” literally means “shepherd.” Many, therefore, compare the duties of a pastor to those of a literal shepherd while spiritualizing the physical duties involved: feeding represents preaching biblical teachings, leading sheep to new pasture represents leadership, and the overall caretaking responsibilities involve meeting people’s needs on an individual basis (Schooley, 2000). This definition, however, does not imply professional training.

A counselor is defined by the American Counseling Association (2005) as one who has received professional training in mental health, psychological, or human development principles and strategies to address wellness, personal growth, and career development, as well as pathology. For the purposes of this study the terms counselor and therapist are often used synonymously. However, the American Psychological Association (2005) defines a therapist as one who is trained to employ a range of techniques based on experiential relationship building, dialogue, communication and

behavior change that are designed to improve mental health by increasing a client's sense of well-being and reducing subjective discomfort.

The combination, then, of pastor and therapist or counselor is defined best by the American Association of Pastoral Counselors (AAPC). The AAPC (2005) defines a pastoral counselor as a clergy member who has received graduate training in both religion and behavioral science for a clinical practice that integrates psychological and theological disciplines to increase meaning and well-being.

While there is considerable literature available on pastors and the ministry and much writing concerning counseling in general as well as pastoral counseling, very little has been written about counseling by pastors without professional counseling training. This neglected area of research is unfortunate considering that pastors' roles have demonstrably evolved to include counseling. In fact, many are considered or required to be counselors by their churches and denominations (Malony, 1995). In addition, there is minimal training in pastoral counseling in most seminaries, leaving many pastors to assume a role for which they may be unprepared (Hall, 1992). Pastors may choose to pursue professional counseling training in connection with their ministry (AAPC, 2005). However, pastors are not required to attend formal training. Pastors without formal training, particularly those who are bi-vocational (i.e., they have full-time secular jobs and work part-time as ministers) may be considerably less prepared as counselors. According to Stone (2001) these pastors often rely upon self-help reading materials combined with scripture, prayer, and basic good judgment to assist them when counseling.

Some might speculate that the proportion of counseling provided by pastors is minimal compared to all counseling in America. However, pastoral counseling makes up a large portion of formal American counseling. One survey of almost 2500 adult Americans (Robertson, 1969) indicated nearly one in four felt so troubled as to need help at some time, and 42% of those seeking professional counseling had approached a clergyperson. Further, only 1% indicated they had been referred by a pastor to a psychiatrist or psychologist, thus suggesting clergypersons for the most part felt competent to serve counselees (Robertson, 1969). In addition, a 1992 Gallup poll indicated 66% of people surveyed preferred a counselor who represented spiritual values (Barna, 2000).

More recent research supports earlier statements about why many Americans approach their pastors rather than secular counselors. Fifty-three percent of Americans consider religion to be very important in their lives. Thirty-five percent believe the Bible is the literal and inerrant word of God. Forty-four percent of Americans are convinced that Jesus will return to judge the living and the dead sometime within the next fifty years, and book sales on religion increased 150% from 1991 to 1997 (Harris, 2004).

Therefore, to accept the “call” of the ministry is to accept that counseling will be a part, large or small, of what one does as a minister. Wayne Oates, former professor of pastoral care at Southern Baptist Theological Seminary and a noted author in pastoral counseling, stated, “The choice is not between counseling and not counseling, but between counseling in a disciplined and skilled way and counseling in an undisciplined and unskilled way” (cited in Stone, 2001, p. 182).

Since evidence suggests that pastors are expected to be counselors, perhaps some pastors with minimal or no counseling training are forced into counseling situations in which they are unsure, over confident, or incompetent to handle the presenting issues. Benner (1997) found that 87% of pastors surveyed reported they felt a need for further training in pastoral counseling.

Still, it has been pointed out by Stone (2001) that the counseling function, as inexpertly as it may be handled, is a necessary and important part of the ministry. When not engaged in counseling, the minister fails to experience the full depth of human problems and suffering. When engaged in the counseling process, the minister who sees suffering first hand will be more likely to abandon simple solutions and look for deeper spiritual meaning in his or her work. Parishioners who see their minister blind to human needs may well question the existence of a meaningful relationship between the church and the day-to-day problems that confront them (Robertson, 1969).

Ministers lacking adequate preparation in psychology and counseling may not know how to gather basic information, how to make a referral, or how to terminate an overly long appointment (Robertson, 1969). The lack of ethical understanding and training also can become a deterrent to competent counseling (Foskett, 1992). Thus, for competent and ethical counseling in a psychotherapeutic model to occur, training is paramount in various areas and on many levels.

Churches in the United States

The number of congregations and clergy in America that provide counseling is difficult to estimate. The 2000 U.S. Census reports 330,497 congregations. However, that number is likely inaccurate as it includes only self-reported denominational memberships

of 60,000 or more. Further, neither Jewish, Muslim, Hindu nor Buddhist congregations are listed. Another study reported 268,254 religious congregations in the United States (Association of Statistics of American Religious Bodies, 2001). A small number of these congregations sometimes combine to make a parish ministry of two or more congregations served by one pastor. Therefore, these reports are incomplete at best as they do not separate single pastorates from those parish groupings. Religious historian G.T. Rogers stated that “if approximately half of those congregations make up a parish ministry of several congregations, the number of recorded clergy serving congregations in the United States might very well be in excess of 150,000” (G.T. Rogers, personal communication, April 7, 2006).

In addition, no figures are available for independent congregations. That number is difficult to determine since many are not registered with their individual states. Thus, a conservative estimate of religious congregations may be up to 500,000 across the United States (Rogers, personal communication, 2006).

Statistics also indicate 331,461 pastors are serving parishes (Association of Statistics of American Religious Bodies, 2001). Again, this does not include those who serve more than one parish, nor does it include pastors, rabbis, imams, or priests of independent congregations as they are not required to register with their individual states. According to Rogers (2006), the number of ordained pastors exceeds the estimated number of churches. These figures are significant considering that one research study indicated the average clergyperson spends six to eight hours each week fulfilling counseling duties (Benner, 1997). Ministers have become major providers of mental health services in the United States, accounting for over 3 million hours of treatment annually (AAPC, 2005).

Churches in West Virginia

Appalachia in general and West Virginia in particular are believed to have more churches per capita than any other section of the United States (Photiadis & Maurer, 1978). Recent statistics provided by the West Virginia Council of Churches (2005) support this assertion.

The federal government allows churches non-profit status. This registry of non-profit churches can also serve as an indicator of the numbers of churches in the United States. West Virginia churches, however, were not allowed to be registered by the state as non-profit organizations until October 2002. When it became optional, only a few churches registered (West Virginia State Code, 2005). Still, some approximation of the total numbers of West Virginia churches can be estimated. The major denominations in West Virginia include United Methodist (1,348), American Baptist Churches in the U.S.A. (483), Southern Baptists (195), Presbyterian (145), and Roman Catholic Wheeling-Charleston Diocese (137). These figures are from the 2004 annual reports of the churches. A grouping of Pentecostal, Holiness, and Apostolic churches totals approximately 1,000 congregations. In addition, the number of smaller denominations in West Virginia, such as Church of Christ, Episcopal, Lutheran, Greek Orthodox, and smaller Baptist units, is estimated at 650 (G.T. Rogers, personal communication, April 7, 2005).

The number of independent churches (i.e., those not organizationally related to larger denominational bodies) is quite high in comparison to the mainline denominations. Mainline denominations include historic, traditional, and generally larger church groups such as Roman Catholic, Baptist, Methodist, and Presbyterian. Photiadis and Maurer

(1978) noted the number of independent churches as compared to mainline churches in Appalachia is much higher than in other regions. Since the total number of mainline churches in West Virginia may be 3,000 or slightly higher, and independent churches may total at least half the number of mainline churches, the total number of churches in West Virginia might exceed 5,000. With 55 counties in West Virginia, that is an average of 90.9 churches per West Virginia county (G.T. Rogers, personal communication, April 7, 2006).

Miller (1999) reported the counseling trend in Appalachia mirrors the national counseling trend, as 90% of all counseling in Appalachia is performed by clergy. Therefore, it seems reasonable to assume that a high number of West Virginians are seeking counseling from their clergy. Pastors are counseling with and without formal training, and counseling by clergy, as represented in sickness, death, marriage and crisis counseling, represents a significant amount of all counseling in Appalachia (Genia, 1995).

Pastoral Counseling Philosophy

Reviews of pastoral counseling literature, conducted by Stone (2001), reveal four types of pastoral counselors: (1) ministers who have college and seminary education without professional counseling training, (2) those who have professional counseling training in addition to college/seminary work, (3) those who use only the Bible as the source and content for counseling, and (4) those who integrate professional theory and biblical methods in their counseling method. Combinations of these approaches also are used. It should be noted that pastors who fall into the third category and use only the Bible as the source of their counseling also have access to prayer, meditation, support

from their congregation, good listening, and the capacity for discernment as resources to assist their clients. In addition, some clergy disclaim counseling as a part of their ministry, while others refer their counselees/parishioners to professional counselors (Adams, 2002; Ganz, 1993; Miller, 1999).

Clergy who do not conduct any counseling are outside the scope of this study. Clergy who do conduct counseling will be divided into three groups: (1) those who are professionally trained in counseling beyond seminary work, (2) those who use only the Bible as their counseling method, and (3) those who integrate the Bible, prayer and formal theoretical methods in counseling.

Pastors in the first category use formal theoretical methods and have been professionally trained in mental health counseling. The majority of those following formal theoretical methods appears to be from mainline denominations and consists of seminary-trained ministers. An emphasis has been noted in the literature showing their move away from a scriptural/spiritual direction to one of formal psychotherapy (Stone, 2001). According to Stone, these pastors have had some professional pastoral and counseling training which enables them to competently use their chosen psychological orientations. Since most seminaries provide minimal counseling training, these pastors seek post-graduate studies leading to accreditation, usually through the American Counseling Association (ACA) or American Psychological Association (APA).

Pastors in the second category practice counseling from a biblical orientation. All aspects of their educational training and ministry are biblically based, including any orientation to counseling, because a scriptural emphasis pervades almost all aspects of traditional ministry (Adams, 2002). According to Adams, biblical pastoral counselors feel

the inerrant (i.e., infallible, without error) Bible is the standard of all faith and practice, including counseling. They not only refer to the scriptures as their counseling philosophy; they also tend to denigrate any other method of counseling. These pastors appear to be primarily fundamentalist (i.e., they interpret the Bible literally) in their Christian faith (Adams, 2002).

Browning (1976) explains that biblically based pastoral counseling centers exclusively on scripture because scripture includes moral guidelines and aid with human problems. The National Association of Nouthetic Counselors has led the way in the literature of this particular orientation. Jay Adams, a leading advocate of nouthetic counseling, states in his book *Competent to Counsel*, that “Christian counselors properly trained in the Scriptures are competent to counsel—more competent than psychiatrists or anyone else” (Adams, 2002, p. 18).

The third approach to pastoral counseling is what has come to be known as the integrationist approach. Pastoral counselors who use this approach practice a biblically grounded counseling method in conjunction with formal psychological techniques. This view is espoused by Stowell (1991), who states:

We live in a season when life is increasingly complex and the fragility of precious souls is demonstrated by growing brokenness and complicated conflicts. We dare not waste their sorrows on the battlefield of careless counsel, with the mere quoting and dependence of scriptures, as adequate counsel that violates biblical parameters with simplistic, unqualified solutions that plunge them ultimately into deeper despair. (p. 4)

Garrett (1991) noted the Bible is not viewed as a textbook on mechanics, physics, chemistry, or even psychology. It does contain statements that relate to geology, anthropology, and psychology that must be integrated into those disciplines, but the Bible's primary purpose is to tell one how to be right with God, not what to do when someone has a nervous breakdown. In this study, each of the above three approaches to counseling will be investigated, with an emphasis on the role of ethics in the training and practice of pastoral counselors.

Counseling Ethics

An overall view of pastoral counseling states that counseling must be placed in context with the full community of faith in which all pastoral functions reside. According to Stone (2001), all that transpires in the total ministry of the church should help to strengthen individuals and ultimately prepare them for their own ministries of care, peace, justice and ethics. Further, he noted that no other helping profession has the kind of access to people that pastors do, in both word and deed, in which an appropriate action or response might help effect change.

Noting Stone's (2001) comments on the importance of ministers' community access and their ethical influence in all that transpires in the total ministry, it seems appropriate to consider the unplanned encounters every bit as important as scheduled counseling sessions. In November of 2006, the media broke one of the biggest scandals to date involving a minister. After an independent investigative board said he was guilty of "sexually immoral conduct," the Reverend Ted Haggard resigned as leader of his Colorado mega-church he started in his basement more than 20 years earlier. Haggard was not only the president of the National Association of Evangelicals (NAE), a powerful

lobbying group that represents more than 45,000 churches with 30 million members; he was also a confidant of Focus on the Family head James Dobson and met weekly as counselor to President George W. Bush.

From Sinclair Lewis's fictional evangelical conman, Elmer Gantry (1927) to televangelist Jim Bakker, the man of God felled by sins of the flesh has been a venerable American character (Darman & Murr, 2006). Haggard, however, was not just another minister who met temptation; he was a minister who was vociferous about the counseling he provided to his church members.

Studies reveal that ministers will proclaim their religious and ethical beliefs more each week through counseling than through preaching (Stone, 2001). According to Oates (1986), counseling is viewed as a part of what it means to be a pastor. Churches expect it; therefore, ministers practice it. However, having formal counseling training does not appear to be viewed as a part of what it means to be a pastoral counselor.

West Virginia American Baptist Study

As stated earlier, very little has been written concerning counseling by pastors with minimal or no formal counseling training. Serving as a small step toward understanding this neglected area of research, this study explored variables that may affect ministers' counseling. Specifically, this research focused on how West Virginia American Baptist ministers might effect change in terms of their counseling training, orientation, and ethics code to which their orientation adheres. The goal was to compare the nature, content, and ethics of counseling by West Virginia American Baptist ministers who are not formally trained in mental health counseling to those ministers who have formal counseling training. This population was chosen for several reasons: they are well

organized, they represent the more or less conservative views common in West Virginia and Appalachia, and they have a long history of providing counseling to their parishioners at all levels. In addition, the director of the West Virginia American Baptist Convention has expressed interest in research endeavors and provided access to the association's ministers and meetings. Following is a detailed explanation of why this research endeavor was undertaken.

Purpose of the Study

The importance of religion to Americans in general (Favazza, 2004) and West Virginians in particular is significant by almost any measurement. It follows that many who seek counseling may turn to pastoral counselors. As Wurthnow (1994) reminds us:

One-third of Americans watch some religious television each week; one-third believe that God speaks to them directly. A total of 70% say that they are church members, while 60% attend church in a given month. Half of all Americans say that they read the Bible at least once each week outside of church, and 24% attend Bible study groups (p. 20).

In a March 13, 2001 article, "Faith Communities in the United States Today," Washington Post reporter Bill Broadway quoted the following study results:

The recent study conducted by the Hartford Institute, found that 35% of persons surveyed read the Bible more than they did five years ago; only 7% read it less, while 80% of Americans surveyed consider the Bible to be the most influential book in human history; in second place is Dr. Spock's *Baby and Child Care* (4.7%). (Favazza, 2004, p. XXI).

The size of a congregation affects a church's ability to provide adequate staffing of qualified counselors. "Half of the congregations in the United States were founded before 1945, and half of all congregations have fewer than 100 regularly participating adults, while one-fourth have fewer than 50. Only one in 10 have more than 1,000 adult participants" (Favazza, 2004, p. XXI). Thus, the size of congregations may have some impact on pastoral counseling, as few churches can afford full-time pastoral counselors. This leaves the burden of counseling on the smaller churches' pastoral counselors. Others point out there are thousands of religious healers, and though there is no way of accurately counting them, they must treat vast numbers of troubled people indistinguishable from those receiving secular forms of psychotherapy (Frank & Frank, 1993).

It seems clear religion is an important part of many peoples' lives. Counseling is conducted by pastors who are formally trained in counseling and by pastors who are not formally trained. The question then becomes is there a difference in counseling styles based on training? The purpose of this study was to compare the nature, content, and ethics of counseling by West Virginia American Baptist ministers who are not formally trained in mental health counseling to those ministers who have formal counseling training.

Statement of the Problem

The literature review suggests that pastoral counseling encompasses various levels of training, and that those various levels of training may result in differences in counseling styles. The current research investigated those differences.

It has already been established that a large percentage of counseling is being performed by ministers with no formal counseling training. The question posed, therefore, is not whether pastors counsel; rather, this study examined how they conduct counseling. Professional training in some seminaries (both accredited and related to major denominations) entails surprisingly few curriculum offerings involving pastoral counseling. Perhaps mainline churches and denominations feel pastors with biblical training and a well-reasoned ability to refer clients to specialists when necessary is sufficient counseling training. Earlier Baptist seminaries have traditionally offered brief pastoral counseling as part of one required course in Pastoral Ministry – a course covering church administration, weddings, funerals, baptisms, and other ministries (Southern Baptist Theological Seminary, 1960). Baptist pastoral counseling emphases have expanded more recently (Southern Baptist Theological Seminary, 2004), though primarily as elective courses.

In tracing the literature on professional pastoral ministries, both literary and educational, Stone (2001) notes, “Some writers mention prayer; most of them quote scripture” (p. 185). Stone then added it became apparent during the course of his research that pastoral counseling authors of the last half century are not grounded in spiritual/ascetic theology and, therefore, have exerted little influence on the field. That neglect of scriptural foundations, which is described later, may be one of the reasons for a reaction and, hence, a rise in emphasis on biblical counseling, which relies almost totally on scriptural bases for counseling philosophy and practice.

Research Hypotheses

1. Ministers with no formal counseling training place a different emphasis on the use of the Bible and prayer in counseling as compared to ministers who have formal counseling training.
2. Ministers with no formal counseling training are different in their referral of clients with difficult psychological problems as compared to ministers with formal counseling training.
3. Ministers with no formal counseling training ascribe to a different code of ethics than ministers with formal counseling training.
4. There is a difference in counseling methods used by ministers with no formal counseling training as compared to ministers with formal counseling training.

In the next chapter, a thorough review of available literature explores training for ministers as well as secular and Christian organizations' codes of ethics.

Chapter 2

Literature Review

There is a long-standing tradition of people in crisis turning to religious institutions for help. Harold G. Koenig, a professor of psychiatry and behavioral sciences at Duke University Medical Center, points out that for most of our country's history, counseling has been provided by pastors (Buckholtz, 2005). A tremendous amount of counseling is still conducted by clergy in one-on-one sessions with congregants. One study by Koenig in 2005 shows that an estimated 350,000 clergy in the United States spend an average of 15% of their time on counseling (Buckholtz, 2005). According to Buckholtz (2005), this adds up to more time spent on counseling than the entire membership of the American Psychological Association working 40 hours per week. However, Buckholtz did not offer an estimate of how issues such as crisis of faith, illness, or death may have played into that statistic. Perhaps, since formal counseling training might be less relevant regarding concerns with a spiritual dimensionality, a pastoral approach might be of especial importance for those who seek counseling from clergy.

Pastoral counseling is often the choice of high-profile figures who find themselves in trouble. Seeking the assistance of a pastor seems to demonstrate that celebrities are dealing with their lapses while avoiding the stigma often attached to treatment by psychologists or psychiatrists. When Bill Clinton, the Reverend Jesse Jackson, former U.S. House Speaker Bob Livingston, and Fox TV personality Bill O'Reilly faced scandals prompted by their personal behavior, each sought counseling from pastors (Buckholtz, 2005).

A wide range of individuals – from pastors and social workers to individual church members – describe what they do as pastoral counseling. According to Buckholtz (2005), in most parts of the United States, anyone can claim to be a "pastoral counselor" or even a "licensed pastoral counselor" because the use of these terms is not legally protected.

Licensed mental health care providers, on the other hand, have received training from accredited programs. They are mandated to seek continuing education and are subject to licensure revocation when practicing unethically or outside the scope of their expertise. Without regulation and oversight of untrained, unlicensed pastoral counseling providers, those who seek their services may be exposed to unethical or biased counseling techniques. The subsequent review describes how pastors are currently trained in counseling, with an emphasis on ethical concerns.

Pastoral Counseling Training

A small percentage of pastors move beyond their college/seminary training to pursue psychological counseling training and become accredited as psychologists, social workers, or counselors. In 1993, Frank and Frank pointed out, "The largest group of professionals trained in psychotherapy are psychiatrists and psychoanalysts numbering about twenty thousand, their ranks supplemented by over twelve thousand clinical psychologists and twenty-three thousand social workers" (p.15). The American Psychiatric Association (2005) reports having 35,000 members, while the American Psychological Association (2005) reports having 150,000 members. Within those organizations are a few pastors who have college and seminary training and nationally-accredited certification by a professional counseling organization.

Recognized pastoral accreditation for service in local churches and broader venues falls into several categories. The most recognized designation for pastors by major Christian denominations is the Master of Divinity (M.Div.) or its equivalent. That degree requires a four-year undergraduate college degree plus 2-4 years of seminary training leading to the M.Div. Those who have obtained the M.Div. can pursue graduate seminary work leading to the Doctor of Theology (Th.D.) or the Doctor of Philosophy (Ph.D.). A few of those degrees have emphases in counseling as part of their curriculum. For the most part, however, the M.Div. is the educational standard desired by most denominations (Eastern, Northern, & Southern Baptist Theological Seminaries, 2004). An overview of counseling training within that program will be presented.

Most seminaries also have courses of study leading to an associate degree. This program is for those who do not have a four-year college degree but wish to enhance their pastoral ministry by studying at or through the seminary. These programs take less time to complete and have fewer academic requirements (Eastern, Northern, & Southern Baptist Theological Seminaries, 2004).

In addition to formal and accredited seminary training, independent pastoral training programs are available to independent churches, smaller denominations without seminaries, and pastors without college degrees who wish to develop counseling skills apart from denominational auspices. Independent training is available through groups such as the American Association of Christian Counselors, the American Association of Pastoral Counselors, the National Association of Nouthetic Counselors, and the American Clinical Pastoral Education Association.

Further, some denominations have their own training available for pastors who do not have college and/or seminary training. One such program is detailed below because it relates directly to this research project. The School of Christian Studies (2004) of the West Virginia Baptist Convention provides courses leading to a certificate of completion for pastors and other church workers who wish to participate. There are 24 Christian Studies classes offered in biblical, missions, pastoral ministry, and church administration tracks. The pastoral ministry track has a slight emphasis on pastoral counseling. Other religious denominations have similar training for pastors who lack seminary training (School of Christian Studies, 2004).

This research project focused on the Baptist denomination, which includes many Baptist subdenominations. Most strongly emphasize the autonomy of local congregations, meaning that each local congregation is fully and totally autonomous. Although many congregations do associate with larger denominational groupings, they retain the right to individually choose their own ministers. A church may choose a minister with or without seminary training, a college education, or formal counseling training (Leonard, 2005).

Some counseling courses are available for those who receive seminary training. The three seminaries providing training for the majority of West Virginia Baptist Convention pastors are the Eastern Baptist Theological Seminary of Philadelphia (EBTS), the Northern Baptist Theological Seminary of Lombard, Illinois (NBTS), and the Southern Baptist Theological Seminary of Louisville, Kentucky (SBTS). The Eastern and Northern seminaries are part of the American Baptist Churches in the U.S.A., which is the denominational affiliation of the West Virginia Baptist Convention. Southern

Baptist Theological Seminary is the second largest seminary in the nation and is part of the Southern Baptist Convention, the largest protestant denomination in the United States. Since both Eastern and Northern seminaries are part of the American Baptist Churches in the U.S.A., the majority of West Virginia Baptist Convention seminary-trained pastors come from those two institutions (G.T. Rogers, personal communication, April 7, 2006).

In the EBTS catalogue of courses for 2004, the following courses were offered in the general area of counseling for the Master of Divinity: essential pastoral counseling skills, psychopathology and pastoral counseling, clinical pastoral education, marriage and family, skills in listening and speaking, and abuses and interventions. These courses are offered as electives, although pastors must choose at least one for their course of study. In its bi-vocational ministries program (for those without college degrees and performing part-time ministerial work), the seminary offers the Diploma of Pastoral Studies. Twenty-four courses are offered. Under the general course category of “Ministry Foundations,” one course concerns counseling (i.e., “Basic Christian Counseling”).

The NBTS 2004 catalogue of courses indicates that three or four courses are required among the subjects of pastoral care, pastoral theology, spirituality, and clinical pastoral education or its equivalent. The Certificate in Christian Studies for those without college degrees does not designate any courses as required. Nine 3-hour courses must be chosen, and students are free to design their own program based on personal interests and academic goals.

In the SBTS Master of Divinity program, the 2004 catalogue of courses shows 22 courses related directly to counseling, including hospital chaplaincy, military chaplaincy,

prison chaplaincy, family, AIDS, addiction, and sexuality counseling. Boyce College of SBTS offers an Associate of Arts in Biblical and Theological Studies with two required courses involving counseling to some degree: introduction to psychology, and marriage and family. Otherwise, students choose six hours of anything in the catalogue.

In addition, several independent counseling organizations offer counseling training for pastors who do not have college or seminary training. These organizations offer both correspondence courses and classroom teaching, which include instruction in biblical foundations of counseling, basic psychotherapeutic philosophy, and supervised clinical training.

The American Association of Pastoral Counselors (AAPC) had 2,900 members as of June 2004. It offers membership in seven categories: certified pastoral counselor, fellow, diplomat, pastoral counselor educator, pastoral care specialist (50 hours of supervised counseling), member, and student member. The group's method is to "...integrate religious sources with insights from the behavioral sciences" (AAPC, 2005, p. 1).

Members of the American Association of Christian Counselors (AACC) include psychiatrists, psychologists, social workers, licensed counselors, pastors, youth leaders, missionaries, lay counselors, and spouses of counselors. The group publishes a journal and conducts the Light Learning Institute, a distance learning center that uses videos, study notes, and texts. Both the American Psychological Association and National Board of Certified Counselors recognize the association as a provider of continuing education credit (AACC, 2005).

The National Association of Nouthetic Counselors (NANC) has 41 training centers which include churches, Bible Colleges, and selected seminaries. The organization states:

To become certified, the counselor must complete an approved training course, pass a theological as well as a practical written exam, and complete at least 50 hours of closely-supervised counseling under the direction of a National Association of Nouthetic Counselors Fellow. The applicant also is required to provide documentation that he is a part of a Bible believing church and is counseling under that church's authority. (NANC, 2005, p. 1).

The Association of Clinical Pastoral Education (ACPE) has 2,634 members and 395 accredited centers. They have 547 Certified Clinical Pastoral Education Supervisors and 53 Associate Supervisors. This well-established organization deals primarily with hospital chaplaincy (ACPE, 2005).

Another training opportunity for ministers and laity is the Bible College. Bible Colleges are generally accredited only by small evangelical organizations or individual churches. Their curriculum tends to be narrower than mainline denominations and heavily emphasizes the Bible. They are not recognized by major university and seminary accrediting associations. Pastoral counseling, while not treated as a specific training course, is conceived in strict biblical terms (Appalachian Bible College, 2005).

Bi-vocational ministers also have access to opportunities for pastoral education. Such programs are geared toward those who pastor a church (or churches in a parish setting) and also hold a secular job. A major denomination in West Virginia recently

surveyed its churches and discovered that 68% of West Virginia Baptist Convention pastors are bi-vocational (Stephens, 2002).

These part-time pastors often do not have formal seminary training or a college education. Their formal pastoral education occurs exclusively within their denominational training programs. Religious education classes are often offered on Saturdays, weeknights, and during the summer. Even the most thorough dual-role, bi-vocational, or tentmaking programs have minimal curriculum material concerning pastoral counseling (School of Christian Studies, 1994).

One such dual-role ministry training program is directly related to this research and is part of the West Virginia Baptist Convention's School of Christian Studies. Some of the subjects in this research project were participants in that program. The Christian Studies program typically takes three years to complete and consists of 24 courses that each last from one day to six weeks. Graduates of the School of Christian Studies receive a certificate in teaching, lay ministry, children's ministry, youth ministry, or general studies. A diploma in pastoral ministry is also offered and involves, to a small degree, pastoral counseling.

The courses offered in pastoral ministry cover theology, Old and New Testament studies, worship, baptism and communion, ministerial ethics, evangelism, church and Baptist history, and sermon and lesson preparation (School of Christian Studies, 1994). Courses that relate somewhat to counseling include conflict management and an introduction to pastoral care. The pastoral care text contains one chapter concerning pastoral counseling. The two-fold instruction on counseling methods in that chapter

recommends (a) to be a good listener, and (b) to refer parishioners with major problems beyond the pastor's counseling competence (Wiersbe, 2000).

However, for counseling pastors with little or no formal training, the ability to accurately determine what is "beyond" their counseling competence may be impaired. Fouque & Glachan (2000) points out that "a Christian, who engages in a healing relationship without the skills necessary to recognize these powerful processes, can fail to maintain the integrity of the therapeutic encounter" (p. 204). Well-meaning people in the church can actually harm people or hurt themselves through lack of ethical training and knowledge. Therefore, ethics training available to pastors is thoroughly reviewed.

Ethics in Pastoral Counseling

Ethics, as defined by Anscombe (2002), are standards that regulate conduct. Issues of competence, boundaries, sexual harassment, privacy, confidentiality, and informed consent are ethical topics routinely covered in formal mental health counseling training programs. Yet according to Crawford (2002), there is strong evidence suggesting that most seminary training includes very little, if any, ethics training in relation to counseling. Ministers who are not trained in a formal setting may never consider ethics beyond biblical scriptures.

Unethical behavior by individuals related to the ministry has been a frequent topic of public concern due to personal lapses in judgment. However, professional lapses in judgment have also pervaded public awareness. The fact that pastors are confronted with ethical considerations is readily apparent given the recent increase in clergy malpractice litigation (McMenamin & Kralovec, 1987). Three brief examples demonstrate recent litigation as applied to pastoral counseling.

Sexual misconduct among clergy counselors has, unfortunately, become part of the daily news. In 1995, a Roman Catholic priest – who was also a licensed psychologist – admitted under oath he initiated a pattern of sexual contact during counseling sessions and continued to bill the plaintiff’s insurance company. The case was settled between the plaintiff and defendant, and the religious institution’s involvement was dropped (*Mullen v. Horton*, 46 Conn. App. 759, 700 A. 2nd 1377, 1997). Ethical malpractice suits concerning Roman Catholic priests have proliferated at an alarming rate in the past 10 years.

In regard to non-sexual malpractice suits against clergy, *Nally v. Grace Community Church of the Valley* (California) has been called the nation’s first case to allege “clergy malpractice.” It challenged the freedom of religious leaders to counsel their parishioners. Kenneth Nally received counseling from Grace Community Church’s pastoral counselors. After he killed himself in early 1979, his parents brought a wrongful death suit against the fundamentalist church, alleging its counselors had failed to refer Kenneth for the professional help he needed and even dissuaded him from seeking secular assistance (*Nally v. Grace Community Church of the Valley*, 47 Cal.3rd 278, 1988). Initially dismissed on grounds of religious freedom, the parents' suit was twice reinstated by an appeals court, only to be overturned by a unanimous vote by the California State Supreme Court in 1988. That decision was made on very narrow grounds, leaving open the likelihood of future court challenges.

In June 2003, a defamation suit was brought against the United Methodist Church of Shell Rock, Iowa (*Jane and Glen Kliebenstein v. Iowa Conference of the United Methodist Church, et al.*, No. 10/02-0011, 2003). Following local church strife, the

district superintendent (Jerrold Swinton) privately counseled various parties and subsequently wrote a letter to church members and other interested community members. In the letter, Swinton referred to some who had “allowed the spirit of Satan to work in their midst” and suggested that Jane Kliebenstein “be stripped of her church offices and asked to leave the church if she continues to cause dissension” (p. 1). Kliebenstein and her husband, Glen, claimed the letter falsely attacked Jane's "integrity and moral character" and damaged her reputation in the community. Ruling in favor of the plaintiffs, the decision indicated that courts clearly cannot interfere in cases where church officials seek to impose discipline or settle matters of faith, but the Shell Rock case went beyond those bounds by circulating Swinton's letter outside the congregation. This effectively violated confidentiality, which carries an "unflattering secular meaning" that "weakened the shield" for the church (Jane and Glen Kliebenstein v. Iowa Conference of the United Methodist Church, et al., No. 10/02-0011, 2003).

The difficulty of deciding whether or not pastors' behaviors are ethical is that competing claims -- religious freedom and professional accountability -- both rest on key principles revered in American society (Weitz, 2002). However, it seems when ministers engage in psychotherapeutic pastoral counseling, those competing claims merge into one. This unity of principles for pastoral counselors is different from secular counselors who would not be counseling under the premise of religious freedom. According to Rogers (personal communication, April 7, 2006), in the past, ministers who counseled their parishioners were concerned only with religious values. Now, ministers must also be concerned with social and legal values when considering the ethical context of their counseling. The theological position of trained versus untrained ministers engaging in

counseling may affect not only the nature and content of their counseling; it may affect their ethical considerations as well.

Within the helping professions, ethical codes have been written to guide professional practice. Considering the recent litigation of pastors, available codes of ethics and the denominational structure of the groups that adhere to those codes are reviewed.

Codes of Ethics

The philosophical and theological backgrounds of three pastoral counseling groups are described. Those backgrounds influence and create the foundation for understanding their codes of counseling ethics. The philosophy of the American Psychological Association also will be considered in regard to how that philosophy affects its code of ethics. Finally, the American Psychological Association's ethical code and the three pastoral counseling codes of ethics are compared.

Mainline moderate division. According to Rogers (personal communication, April 7, 2006), the term *mainline* generally refers to older, established churches associated with a traditional orthodox theology. The addition of the word *moderate* in the designation suggests mainline churches are open to a variety of scriptural interpretations in addition to that of historic orthodoxy. This moderation is in contrast to fundamentalists who have strict scriptural interpretations. Mainline moderates include, but are not limited to, Roman Catholics, Baptists, Methodists, Episcopalians, and Presbyterians.

Two pastoral counseling organizations represent the mainline moderate division: the American Association of Pastoral Counselors (AAPC) and the American Association of Christian Counselors (AACC). Their codes of ethics generally reflect their theological

stances, which in turn reflect the underpinnings of their varying pastoral counseling philosophies (AACC, 1998; AAPC, 1994).

In its statement of core values, the AAPC indicates the importance of acknowledging and respecting both the theological and psychological traditions of its members and its members' clients. The organization describes itself as inclusive of both Christian and secular psychological theories; further, its core values include a recognition that its work is concerned with all human endeavors and is grounded in psychological, social, ethical, and spiritual dimensions. Finally, the association's core values articulate the concept of embracing diversity as a way of participating in the deepest expression of spirit and faith (AAPC, 1994). The mission of the AAPC is to

provide and promote theologically informed, spiritually sensitive, ethically sound, and clinically competent counseling and consultation as an extension of the ministry of faith communities; provide professional formation and credentialing for those who seek to integrate theology and psychology into their practice; and to advocate the well-being of persons and communities. (AAPC, 1994, p.1)

The AAPC repeatedly expresses its desire to be authentic in its appeal to the total psychological field of counseling with a wide perspective of values, needs and beliefs. The goal of wholeness of individuals, families, institutions, and communities is paired with openness to diversity and proper boundaries (AAPC, 1994). For further review of the AAPC code of ethics, refer to Appendix A.

In contrast to the AAPC code of ethics, the AACC code reveals four streams of influence: (1) the Bible – both Old and New Testaments and historic orthodox Christian theology, (2) accepted standards of counseling and clinical practice from Christian

counseling and the established mental health disciplines, (3) codes of ethics from other Christian and mental health professions, and (4) current and developing standards derived from mental health and ministry-related law (AACC, 1998). In addition, a footnote is included referring to the first code: "Although rooted primarily in evangelical theology, this code is also influenced by the social justice, charismatic-Pentecostal, pietistic-holiness, liturgical, and contemplative traditions of Christian theology and church history" (AACC, 1998, p.1).

As a religious organization, its ethical code includes the organization's theological stance on faith-based issues. In its Statement of Faith, the association expresses its views on such doctrines as the Trinity, the inspiration of scriptures, the philosophy of human nature, Christ's divinity and his substitutionary death, and the Holy Spirit. The AACC states that "the ultimate goal of Christian counseling is to help others move to personal wholeness, interpersonal competence, mental stability, and spiritual maturity" (AACC, 1998, p. 2). Further emphasizing its openness to broader counseling disciplines and research, the organization aims

to assist Christian counselors whether those counselors are licensed professionals or caring church members with little or no formal training. It is our intention to equip professional, pastoral and lay caregivers with biblical, theological and psychological truth that ministers to the soul of a hurting person. (AACC, 1998, p.1)

For further review of the AACC code of ethics, refer to Appendix B.

Evangelical conservative division. According to Rogers (personal communication, April 7, 2006). evangelical conservatives support a more fundamental

theological stance. As to the term *evangelical*, The Oxford Dictionary of the Christian Church states:

Theologically, Evangelicals have commonly upheld the verbal inspiration and sole authority of Scripture (denying that the Church has power to impose its interpretation upon the individual); belief in the near return of Christ to redeem His elect; the supreme importance of preaching, with a relative minimizing of liturgical worship; rejection of the doctrines of Baptismal regeneration and the Eucharistic sacrifice. (Cross, 1983, p. 486)

Including the word *conservative* in this definition seems to express an even narrower point of view. One evangelical conservative pastoral counseling organization is the National Association of Nouthetic Counselors (NANC), which represents the conservative stance of both Christianity and Christian counseling. The term *nouthetic* is taken from the Koina Greek words *nouthesis* and *noutheteo*, which are noun and verb forms, respectively. The words are translated by scholarly lexicons in English as "admonish," "warn," or "exhort." Some translations of the New Testament also translate *nouthesis* as "teach" (Adams, 2002). Nouthetic counselors state quite clearly:

Nouthetic counseling by definition is biblical counseling. It (nouthetic) is one of the biblical words for pastoral counseling, and it is included in the title of this organization to indicate the commitment of its membership to counseling that is thoroughly grounded in Scriptures as the only rule of faith and practice. (Adams, 2002, p. 55)

The NANC (2005) believes that "the Bible is the only inspired, inerrant, authoritative and sufficient Word of God" (Article I, Section A). Theological premises

revolve around the deity of Christ, justification by grace, the Holy Spirit, resurrection of the saved and lost, and affirmation of the spiritual unity of believers in Christ and His church. The NANC constitution states that "individual membership in this Association shall be open to those who subscribe to the Scriptures as the only authoritative standard for their counseling and who adhere to the Statement of Faith and the Standards of Conduct of this Association" (NANC, 2005, Article III, Section A). For further review of the NANC code of ethics, refer to Appendix C.

American Psychological Association (APA). By contrast, the APA's code of ethics is representative of the codes of ethics pastors professionally trained in counseling may ascribe to whether they are members of the APA, American Counseling Association, National Association of Social Workers, or American Association for Marriage and Family Therapy. It has, therefore, been selected for examination and comparison to the codes of ethics of pastoral counseling organizations.

The APA provides ethical principles for all psychologists, whether religiously or secularly oriented, upon which they may build their professional and scientific work. The first APA ethics code was published in 1953; as an evolving set of aspirational guidelines and standards, the code has undergone nine revisions. The most recent revision was adopted by APA's Council of Representatives in 2002. Its organizational Code of Conduct lists five principles: (A) beneficence and nonmaleficence (i.e., counselors should benefit their clients and do no harm to those clients), (B) fidelity and responsibility, (C) integrity (i.e., promoting honesty and accuracy), (D) justice and fairness, and (E) respect for all people's rights and dignity (APA, 2002).

The Code of Conduct also recommends that "psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication" (APA, 2002, p. 2). Its goals include the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline. The 10 standards are summarized below:

8. *Resolving Ethical Issues* – guidelines for reporting and/or resolving ethical violations and conflicts (e.g., conflicts between confidentiality standards and the law or between professional ethics and organizational demands)
9. *Competence* – clarification of the range of activities that can be performed by psychologists and how to proceed when requests or situations require activities beyond competence boundaries
10. *Human Relations* – prohibition of detrimental activities such as discrimination, sexual harassment, multiple relationships, exploitative relationships, or research without consent
11. *Privacy and Confidentiality* – explanation of psychologists' obligation to protect the confidentiality of those whom they serve and the limits of confidentiality
12. *Advertising and Other Public Statements* – guidelines for proper use of advertising, media presentations, testimonials, and other public statements with the goal of avoiding misrepresentation
13. *Record Keeping and Fees* – standards for keeping accurate records and maintaining them securely, as well as expectations for charging fair fees and engaging in ethical financial arrangements

14. *Education and Training* – clarification of the quality, organization, and proper implementation that is expected of psychologists who engage in competence-building activities such as teaching or professional training
15. *Research and Publication* – explication of how to obtain institutional approval and informed consent, as well as how to engage in research and publication that is free from deception, animal abuse, or plagiarism
16. *Assessment* – description of the proper use of assessment as well as the standards that apply to test construction, administration, scoring, and interpretation
17. *Therapy* – guidelines for conducting therapy with individuals, couples, families, and groups, including the necessity of informed consent, the prohibition of sexual intimacy, and the need for proper therapy termination

Thus, the APA is an organization for the general psychological community regardless of religious or political creed. The association includes all psychological interests that relate to the scientific, educational, and professional roles of psychology. For further review of the APA's code of ethics, refer to Appendix D.

Comparison of Mainline Moderate and Evangelical Conservative Divisions to the American Psychological Association

The mainline moderate division's codes of ethics contrast, quite obviously, with the APA code in their stated religious orientation. The AAPC and AACC are Christian organizations that impose a unique spiritual outlook on counseling. The AAPC strives to be "theologically informed, spiritually sensitive" (AAPC, 1994, p. 1). The AACC lists theological doctrine in its statement of faith, making it clear they are biblically-oriented in their counseling training and technique. The APA Code of Conduct, however, never

refers to religious motivation or content, but only to scientific, educational, and professional roles of psychologists.

There are additional differences among the codes of ethics, such as the AACC's references to abortion, euthanasia, and assisted suicide under the section stating, "do no harm." These references have religious overtones not present in the APA code (APA, 2002). There also are standards for lay helpers and other ministers that are excluded from the APA code.

Apart from the religious orientation of both the AACC and AAPC, the mainline moderate division and the APA follow the same pattern of ethical statements. The general outline of all three organizations covers the same basic content in similar language. Interestingly, the AACC code is a lengthier document than that of the APA.

A few examples demonstrate these similarities. The first section of the APA code deals with ethical standards. While using different terminology, codes for the AAPC and AACC cover the same basic ethical standards. The AAPC discusses professional practices and client relationships, while the AACC delineates ethical standards.

Standards concerning confidentiality are similar in all three codes. The APA includes a section on privacy and confidentiality. The AAPC has a major section on confidentiality, while the AACC contains a section on privileged and privacy confidentiality. Sections on competence exist in all three codes. Dual and multiple relationships also are clearly stated in all three. Record keeping, advertising, and supervisee, student, and employee relationships appear within each code, as well.

Overall, the mainline moderate division's codes of counseling ethics follow the same basic format as the ethical code of the APA, covering the essential issues of

counseling and psychological ethics. In addition, the mainline moderate division includes religious concerns as they relate to religious organizations.

The ethical code of the evangelical conservative division clearly cites the division's religious stance. As is evidenced in the NANC (2004) code of ethics, a significant emphasis is placed on the inclusion of spirituality in the counseling method. In contrast with the AAPC (1994) and AACC (1998), counseling is not conceptualized as a professional matter that draws from scientific, educational, and historical materials. Instead, counseling is seen by the NANC as almost exclusively a biblical, spiritual matter (NANC, 2004).

As discussed earlier, the NANC believes that "...counseling and counselor training is to be done by Christian clergymen and laymen who are committed to the Scriptures as the only authoritative rule of faith and practice" (NANC, 2004, Article I, Section A). That exclusiveness is a departure from the mainline moderate division, which is inclusive of educational and scientific research in psychology lying outside of biblical parameters.

Summary of Code Differences

The most prominent difference among the codes occurs between the NANC and APA codes. The NANC code mandates that its counselors use only the Bible to guide their counseling, while the APA welcomes a variety of perspectives on counseling and values the scientist-practitioner approach to providing services. The scientist-practitioner model, which advocates the incorporation of psychological science into counseling practice, was pioneered at the Boulder Conference on Graduate Education in Clinical Psychology in 1949. It was adopted by the field of counseling psychology shortly

thereafter and remains the principal model of training in counseling psychology today (Gelso & Fretz, 1992).

Obviously, those who interpret the Bible literally and reject the mixture of biblical and psychological approaches view their counseling methods and ethics more narrowly. This unilateral choice for counseling separates those with an affinity for nouthetic counseling from other more moderate Christian counseling groups, as well as from the APA. Because they view counseling as almost solely biblical, there is only a narrow window of appreciation for a medical model and other psychological frameworks in relation to counseling (Adams, 2002).

Nouthetic Christian counselors insist they must look to the Bible, rather than a separate code of ethics, for guidance in ethical matters. For example, since much is written in the other codes of ethics concerning dual relationships, but so little is written in the NANC code, one must assume that the Bible itself is the point of reference when dealing with these issues. The same must be true for other issues that receive little or no attention in the nouthetic ethical code.

The ethical stances of the AAPC and AACC diverge rather sharply with the NANC. The former two organizations are open to many religious and psychological approaches and encourage educational studies in both historical and current psychological theory. Consequently, these two organizations have codes of ethics similar to that of the APA.

It is not surprising that the theological underpinnings of an organization affect its written code of ethics. NANC founder Jay Adams (2002) argues that his organization's code of ethics is thorough and complete given the entire scope of biblical ethics to which

it is committed. However, more moderate religious groups such as the AACPC and AACC include more detail in their written codes of ethics because these groups exercise a more inclusive philosophy.

Mainline moderate theologians, such as those affiliated with the AACPC and AACC, express openness to considerations other than religious in counseling; thus, they rely on codes of ethics similar to those of secular psychological groups, notably the APA. Conversely, evangelical conservative theologians, such as those affiliated with NANC, totally rely on biblical methods of counseling and minimally depend on a code of ethics apart from the Bible.

Multicultural Issues

Much has been written concerning multicultural issues and the necessity for counselors to have an understanding of cultural diversity, ethnicity, gender, disability, and religion. A further consideration for pastors who counsel is diversity within a religious orientation. According to one multicultural training source, religious doctrine communicated through religious authority figures such as preachers, priests, and rabbis is a powerful moral force in the lives of believers (Ponterotto, Casas, Suzuki, & Alexander, 1995).

The strong emphasis in recent years on multicultural counseling training can be found in most course-related texts. One of those texts lists guidelines for multicultural counseling, such as, “Psychologists respect clients’ religious and/or spiritual beliefs and values, including attributions and taboos, since they affect world view, psychosocial functioning, and expressions of distress” (Ponterotto et al., 1995, p. 612). To deal with diversity without training is, in recent scholastic thinking, a breach of accepted

counseling practice. The majority of counselees are religious (Ganz, 1993), yet few counselor training programs require instruction in religious concerns.

It is interesting that religion is included in a list of minority statuses, even though religious issues influence a majority of counselees' concerns. It seems that if counselors dealing with minorities and lacking multicultural training are guilty of ethics violations, then counselors dealing with religious issues lacking training in those matters are equally guilty. For example, diversity training teaches that Asians, in many instances, are tied closely to family in attitudes, discipline and philosophy. Thus, if a therapist suggests to an Asian client he/she should do what is best for him/herself, the therapy might be considered inappropriate. By the same reasoning, indicating to deeply religious clients that they should minimize or disregard religion – at least during therapy – would be equally inappropriate. One instructional manual on multicultural issues stated, for example, "...ethnographic studies and first-person accounts indicate that African American women often use prayer and meditation to cope with the stress and anxiety that they experience" (Bernal, Trimble, Burlew, & Leong, 2003, p. 392).

Ministers who counsel with a disregard for any religious belief or biblical interpretation other than their own face ethical dilemmas as well. For example, a counselee who is being abused by her husband might be advised by a minister that she cannot leave her marriage because adultery is the sole biblical reason for divorce. This has multiple problems. First, the minister's interpretation of the scriptures is debatable; second, if the abuse is not addressed, it could result in tragedy.

Within the realm of Christianity, there is a myriad of philosophical and theological positions a counselor should be aware of to deal effectively with clients.

Protestant, Catholic, liberal, conservative, and fundamental Christian positions are part of the fabric of many Christian-oriented counselees' lives. In addition, clients may identify with other religions including Islam, Hindu, Buddhist, Shinto, and Bahá'í, among many others.

In conclusion, multicultural considerations in counseling are complex and potentially problematic. Can a therapist effectively handle a client's religious preferences if the therapist has had no training in dealing with religion in the counseling process? Though religious issues are mentioned in some multicultural training texts, the total body of literature on religious diversity in counseling is minimal.

Opposing Viewpoints

A well-rounded literature review on ministers who counsel without formal counseling training must also consider formally trained counselors who are opposed to religious considerations in their therapeutic stances. In the APA publication, *Judeo-Christian Perspectives on Psychology*, the point is made that a majority of U.S. clients served by psychologists are religious in some sense and are primarily Judeo-Christian, while psychologists tend to be among the least religious of any professional or scientific group (Miller & Delany, 2004).

Albert Ellis (1985) was vociferous among professionals opposed to religious considerations in therapy. He made a case against a therapist's use of religion in counseling when he wrote, "How does religion or faith unfounded on facts or dependence upon some supernatural deity, help human beings to achieve healthy traits and avoid becoming anxious, depressed, and hostile... in most respects religion seriously sabotages mental health" (pp. 3,6). Ellis pointed out the failure of the religious counselor to deal

adequately with the client's best interests. According to Ellis (1985), religion is neurosis. He believed the psychotherapist who goes along with a patient's religious orientation is actually trying to help the patient live successfully with their emotional illness. Although from a different school of thought, Freud (1927/1989) revealed beliefs similar to Ellis in his manuscript, "The Future of an Illusion." Freud (1950) claimed that religion was nothing more than an illusion conjured up for the purpose of wish fulfillment.

Another viewpoint by Goud (1990), a self-identified Humanist, suggests the establishment of knowledge in any field requires time and trouble in the form of observation, reflection, experimentation, and testing. According to Goud, this requirement automatically rules out religious revelation or any kind of intuition. Goud cited the 1973 Humanist Manifestos I and II and identifies with religious humanists of the non-theistic variety. Both Manifestos assert there is insufficient evidence for belief in the supernatural, and that humankind must look elsewhere (e.g., reason, science) for truth and fulfillment (Goud, 1990).

On the other hand, the viewpoints of religious counselors are broad in scope yet sometimes philosophically anti-psychological, as is demonstrated in the following statement: "The increase of 'mental illness' may someday be found to be in direct proportion to the number of psychologists and psychiatrists who set up practice" (Bulkey, 1993, p. 28).

In regard to psychologists' assumption of responsibility, Ganz (1993) said, "It (psychology) affirms a concept that sinful human beings universally hold dear – they are not responsible for their actions" (p. 32). Instead of believing the ultimate truth lies in the Holy Bible, Ganz (1993) states:

For psychology in the place of God is man. In the place of the priest (minister) is the psychologist. In the place of the Word is psychotherapy. In the place of confession/forgiveness is interpretation (or one of its many equivalents)... Truth, meaning, and hope are placed against a moral and philosophical anarchy that can never truly meet a need or offer hope. (p. 47)

The idea of responsibility is also viewed by some Christian counselors as centered in the sinful nature of man. To them, personal sin – and not necessarily outside influences – needs to be addressed in counseling. As Ganz put it, “The basic problem with ‘hurting’ Christians is their sin, not their hurting! In this scheme (professional counseling) Christians focus not on their sin, but on their pain... There are never excuses for sin” (Ganz, 1993, p. 77).

In summation, when considering conservative Christian counseling philosophy, Bulkey (1993) explained:

It all boils down to this: No matter how it is worded, regardless of how cleverly it is packaged counseling that is merged with psychological theory does not believe that Christ is sufficient to heal the troubled heart. When you say the Scriptures are not enough, you are in fact saying that *Christ* is not. God has provided answers in His Scriptures for every possible spiritual, mental, and emotional problem that mankind has ever and could ever experience. (p. 275)

Uniting Opposing Viewpoints

Frank and Frank (1993) synthesized many views of counseling, including the religious realm, by purporting that all counseling has certain broad identifying aspects held in common regardless of philosophical orientation. They identified features common

to all forms of psychotherapy involving a trained, socially-sanctioned healer who is accepted by the sufferer and by his or her social group (or an important segment of it). The first feature is a sufferer who seeks relief from the healer. The second feature is a circumscribed, structured series of contacts between the healer and sufferer, through which the healer tries to produce certain changes in the sufferer's emotional state, attitudes, and behavior. Finally, all concerned in the process believe these changes will help (Frank & Frank, 1993). Therefore, an accepted healer, a belief in the efficacy of the healer's help, and a series of efforts to guide the sufferer to a changed mental and behavioral life can lead to positive counseling results.

Further, Frank and Frank (1993) suggests that healing methods based on various ideologies can be successful because the healing power of faith resides in the patient's state of mind rather than in the validity of its object. The patient's expectations are aroused by the healer's personal attributes and culturally determined healing role. By this reasoning, those opposed to religion (e.g., Ellis), those opposed to psychology (e.g., Ganz), as well as those who combine religion and psychology (e.g., Frank& Frank) might all be able to create a therapeutic environment which produces positive changes in a client's life.

Chapter 3

Methods

Participants

The population of the study encompassed West Virginia Baptist ministers and ministers-in-training. Participants from both groups were identified through the West Virginia Baptist Convention (WVBC) and were from all 55 West Virginia counties. A total of 610 ministers were identified. They included full-time ministers and dual-role ministers. Dual-role ministers are often employed full-time in a secular job while pastoring a church. An additional 30 ministers-in-training were identified. The ministers-in-training were from the “Christian Studies Program” which is also part of the WVBC. The Christian Studies Program provides courses of study for those individuals who wish to enter the ministry without completing formal seminary training. Additionally, WVBC administrators also participated in the study.

Because this is a non-experimental study, there is a possibility that the differences between ministers who have formal counseling training and ministers who do not are not caused by the independent variable (formal counseling training or no formal counseling training), but by other mediating variables (either included or not included in the study). In fact, the ministers in this study who had formal counseling training did differ significantly from those who did not have formal counseling training in a number of areas. Specifically, those with formal training in counseling tended to:

- be more likely to be full-time pastors,
- have more years of experience (21 or more years),

- have higher education levels (4-year college plus seminary, masters, or doctorates).
- have an educational focus in a religious or psychology program (as compared to other), and
- be more likely to provide counseling than those who did not have formal training.

Such findings however, are not surprising in that obtaining formal counseling training would (a) indicate a level of commitment more commensurate with full-time employment, (b) require more time to achieve, and (c) automatically result in a higher level of education. Because these differences are essentially inherent in the process of obtaining formal counseling training they also may be considered as defining the two levels of the independent variable, rather than confounding them.

Instruments

Instrument development has a direct impact upon outcomes of a study (Davis, 1992). This study focused on West Virginia Baptist ministers and the effect their counseling education level has on their counseling. Therefore, an instrument designed to address the study's research questions by tapping into participants' opinions and practices of their pastoral counseling was imperative to the study.

Since an inventory of this type could not be found, the "Counseling Parishioners Survey" was developed. Several procedures were involved in its development. These procedures included (a) exploratory conversations with ministers discussing concerns they have had, over the years, regarding their "counseling" responsibilities, (b) selecting topics for survey questions based on those concerns, (c) eliciting expert suggestions and comments to the first draft of the survey, and (d) deleting, rewriting and adding items

based on expert suggestions. The initial development of the survey began with a meeting of ministers from West Virginia.

A state-wide Baptist Convention of the Baptist Ministerial Association of West Virginia is held annually during the month of October. During the 2005 convention, an unpublished discussion of the proposed study was conducted. The discussion was facilitated by Michael C. Stevens, Director of Leadership for the West Virginia Baptist Convention and Dr. George Truett Rogers, minister, Baptist Historian, and educator in the state Baptist Convention. They each addressed concerns voiced by their colleagues regarding counseling responsibilities.

Following an introduction by Dr. Rogers, this researcher then led a discussion on a proposed study addressing the counseling concerns shared by the ministers. Those concerns included lack of counseling training and ethical dilemmas. That discussion resulted in the ministers voicing support for the proposed study. Following that discussion, a decision was made to form a panel of 12 ministers who would serve as experts in the development of questions for the research survey. The expert panel was selected based on their availability, their professional expertise, and their experience with counseling parishioners.

The panel consisted of ministers who varied in pastoral status and training. Two of the twelve ministers held administrative positions within the state Baptist Convention. Six of the twelve ministers held professional credentials in the field of counseling. Four of the twelve ministers were seminary trained and worked exclusively in the ministry. Two of the twelve ministers were bi-vocational ministers. Panel members met prior to the close of the 2005 convention. During that hour-long meeting, they offered suggestions for

research questions and agreed to review a draft of the survey and offer additional suggestions.

In November of 2005, each panel member received a draft of the survey in the mail along with a postage paid return envelope. Panel members were asked to (a) read over the survey questions, (b) offer feedback on questions and (c) suggest additional questions they might like to see included in the survey.

All 12 surveys were returned by December 1st, 2005. Panel members added their comments and suggestions for changes to the survey. Their feedback responses were used to update the survey because panel members included ministers who held both doctorate and master's degrees, reported to have had research experience associated with their degrees, and all panel members reported they counsel as part of their ministry. Responses included: (a) add a section on future education intent/need, (b) include "The Bible" as an answer choice in question #34, (c) develop a question addressing the use of prayer in counseling, (d) add "other" as a choice to 10 questions (marked with an asterisk in Appendix E), and (e) add a question addressing what specific counseling issues create stress for ministers.

In January 2006, each panel member received a second draft of the survey in the mail along with a postage-paid return envelope. Panel members were asked to (a) read over the survey questions and (b) offer feedback on the amended survey. All 12 surveys were returned by February 3rd, 2006. One panel member requested that the survey include a section for additional comments for participants who may have concerns not addressed within the survey. No items were deleted and all panel members reported they had no further suggestions for changes on the survey.

The above processes resulted in the “Counseling Parishioners Survey” comprised of 50 items and a comment section (please refer to Appendix E to view a copy of the survey). The survey consisted of four sections: Demographics, Personal Beliefs, Referrals and General Comment section.

The *Demographics* section asked participants to supply basic information. It included pastoral status, number of years in the ministry, highest degree obtained, counseling experience, credentials held, and organizational affiliations. The *Personal Beliefs* section asked participants to answer 34 questions. This section was designed to explore the participant’s opinions about their ministry, counseling, techniques and value systems. A five-point Likert-type scale requested the participants to choose *Strongly Agree, Agree, No Opinion, Disagree, or Strongly Disagree* for their answer to each question. The *Referrals* section asked participants to supply information about referrals. It included the number of times they made referrals and to whom. The *General Comments* section asked participants to note any personal thoughts or comments they wished to make as well as answer two questions as to whether or not they have future plans to pursue professional counselor training.

Instrument Validity

Content validity, a crucial factor in instrument construction, is a self-evident measure but involves comparing the content of the measurement technique to the known literature on the topic and validating the fact that the tool does represent the literature accurately. Content validity is frequently estimated from the review of the literature on the topic or through consultation with experts in the field who have become experts by having done research in the area (Grant & Davis, 1997). After critically reviewing the

literature, the Counseling Parishioners Survey was developed specifically for this study. Based on the Grant and Davis definition, the process of submitting the draft instrument to the expert panel for review to assess the content and item comprehension, as well as the subsequent revisions, addressed the issue of content validity. Further, according to Gay and Airasian (2003), content validity is concerned with whether items measure an intended content area. It should be noted that multiple survey items focusing on specific topics were included in the structure of the survey with alternating emphases in order to gain a general, as well as specific, view of the participants' perceptions on topics of interest. Therefore, content validity of this survey also was addressed by examining whether participants' answers were similar among questions that were related to each other. In addition, experimenter effects were considered to address external validity.

Recognizing that full cooperation of Baptist ministers in West Virginia might be difficult to obtain, the approval and support of a respected minister and educator as well as the WVBC Director of Education was integral in gaining the trust and cooperation of the participants. It is expected that this reduced any experimenter effects that might have otherwise occurred because this researcher is an unfamiliar female and not a member of the Baptist Convention. Their introduction assisted in gaining the ministers' full cooperation and perhaps the knowledge that the research was approved by the convention leaders allowed them to feel more comfortable with sharing their true feelings in the survey.

Instrument Limitations

Instrument limitations should be considered on several levels. First, surveys are self-report instruments. Therefore, accuracy is dependent upon participants' subjective

and truthful responses. Second, this study compared ministers who are formally trained in counseling to those ministers who are not formally trained in counseling to explore their counseling methods, content and ethics. Because of this, differential selection of participants might pose a threat to internal validity because already formed groups were being compared. Third, this study compared only West Virginia Baptist ministers, which may pose a threat to external validity due to selection-treatment interaction. Finally, in addition to investigating a specific population, the study used a strict operational definition of the independent variable (i.e., formal counseling education versus no formal counseling education) and specific dependent variables (e.g., counseling methods). According to Gay and Arasian (2003), specificity of variables always limits generalizability. All research has some threats to the internal and/or external validity and the reliability. These threats have the potential to reduce the validity of test results because they distort or produce atypical test performance. This in turn distorts the desired interpretation. Adherence to a strict research protocol including preliminary review and testing of the measurement instrument and appropriate data analysis techniques such as the Cronbach's alpha for internal consistency have allowed this study to yield important valid and reliable results. The process of collecting the survey data follows.

Procedures

The application for this research was submitted to the institution's review board March 15th, 2006. No changes were required by that entity and approval was attained. In May of 2006, a packet was distributed to 610 ministers and ministers-in-training via postal service. Ministers and ministers-in-training were identified through the West Virginia Baptist Convention's Association booklet which is published annually and lists

the names, home addresses, and church addresses of all ministers within the convention.

Each packet contained the following: a letter written by Michael C. Stevens, Director of Leadership for the West Virginia Baptist Convention, endorsing the study on the executive level (please see Appendix F); a letter written by Dr. George Truett Rogers, Association minister, respected educator and historian endorsing the study (please see Appendix G); a survey cover letter introducing the researcher and information detailing study purpose, benefits, risks, confidentiality, informed consent, approximate time involved, instructions for returning the survey, and contact information (please see Appendix H); the “Counseling Parishioners Survey” (please see appendix E); and a 9x12 addressed, postage-paid envelop to return the survey. No follow-up letters were sent based on a satisfactory immediate survey response rate. All surveys used in the study were returned by November 30th 2006. The research design of the study follows.

Research Design

This study used a survey to investigate the nature, content, and ethics of counseling methods used by West Virginia Baptist ministers and ministers-in-training within the WVBC. The research design selected for this study was causal-comparative. According to Gay and Arasian (2003) a causal-comparative research design is appropriate for research that attempts to determine the cause, or reason, for existing differences in the behavior or status of groups of individuals. This study attempted to determine if education results in differences in attitudes, ethics stance, and counseling methods between ministers with formal counseling training and those with no formal counseling training. Therefore a causal-comparative design was appropriate for this study. According to Johnson and Christensen (2008) multiple uncontrolled extraneous

variables might account for observed relationships. Therefore, in a causal-comparative study such as this one, a definite conclusion about cause and effect cannot be made.

The independent variable examined in this study was formal counseling training beyond pastoral education versus no formal counseling training beyond pastoral education. Formal counseling training for the purposes of this study was defined as training from an accredited institution resulting in a degree or certification in social work, secular or pastoral counseling, or psychology. The dependent variables in this study were methods of counseling, more specifically, the use of ethics codes, and the use of counseling theories and techniques. These variables were used to determine the different methods and influencing factors involved, as per the research questions.

Data Analyses

To analyze the data, each participant survey returned was assigned an identification number beginning with 01 and ending with 248. Code numbers were then assigned to the participant's survey answers. For example, the Likert-type scale items were coded in the following manner: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *No Opinion*, 4 = *Disagree*, and 5 = *Strongly Disagree*. The assigned codes were then entered into SPSS® V16 computerized statistical analysis program. Additionally, descriptive results were generated for a content of comments made in the "comment section" of the survey to determine categories or common themes.

Demographic statistics are presented in Chapter 4 describing participants with respect to their education level, years of experience, the area of focus in their educational studies, the number that hold another degree, the educational focus for the second degree, and their status as a minister. Each demographic variable was described by using

frequency and percentage scores for each participant. Analysis of data in causal-comparative studies involves a variety of descriptive and inferential statistics (Gay & Arasian, 2003). The analyses utilized in this study will be discussed in detail in relation to each research question.

Research Question 1: Do ministers with no formal counseling training place a different level of emphasis on the use of the Bible and prayer than ministers with formal counseling training?

The questions for research question 1 (RQ1) used a Likert scale with answer choices of *Strongly Agree, Agree, No Opinion, Disagree, or Strongly Disagree*. The independent variable in RQ1 was ministers who have obtained formal counseling training versus ministers who have not obtained formal counseling training. The dependent variable in RQ1 was ministers' emphasis on the use of the Bible and prayer during counseling sessions. That emphasis was determined based on their answers to the following questions:

- The best tools for a pastor in a counseling situation are the Bible and prayer;
- The use of the Bible and prayer will solve most problems with which I deal;
- The only tool needed by a pastor to counsel is the Bible;
- When one follows a dedicated Christian life, one does not experience psychological problems;
- Psychological approaches that are not biblically based have no place in pastoral counseling;
- I use prayer in pastoral counseling;
- I use scripture in pastoral counseling.

To answer RQ1, a scale was developed by adding each participant's scores on the above indicated survey questions using the values of 1 for *Strongly Agree*, 2 for *Agree*, 3 for *No Opinion*, 4 for *Disagree*, and 5 for *Strongly Disagree*. To ascertain the consistency of the scale, a Cronbach's alpha was computed to determine if the survey items produced appropriate internal consistency. This internal consistency was based on how each item included in the test related to all other items and to the total test. Cronbach's alpha coefficient of reliability indicates how well the set of items measures a single (unidimensional) construct. According to Gravettner and Wallnau (2007), a reliability coefficient of .70 or higher is considered sufficient. Therefore, a Cronbach's alpha coefficient of .70 or higher indicates sufficient internal consistency in ministers' answers to the above related questions. If the data have a multidimensional structure, Cronbach's alpha will be low. For this research question the Cronbach's alpha was above the required .70 level at $\alpha = .76$.

Next a Levene's test for equality of variances was performed. If this test is not significant (indicating homogeneity of the variance) a two-tailed *t*-test of means assuming equal variances should be performed on the scale scores. If the Levene's is significant (indicating heterogeneity of variance) a two-tailed *t*-test that does not assume equal variances should be used. Based on the results of the Levene's test, a two-tailed *t*-test for equality of means using equal variances was performed.

A *t*-value that falls in the area of rejection ($\alpha < .035$) indicates ministers who have no formal counseling training place a different emphasis on the use of the Bible and prayer during their counseling sessions than those ministers who have obtained formal counseling training. A *t*-value outside of the area of rejection ($\alpha > .035$) indicates

ministers with no formal counseling training do not place a different emphasis on the use of the Bible and prayer than those with formal counseling training. Because of the number of inferential tests run, an alpha level of .035 was used rather than the standard .05 to reduce the overall probability of committing a Type I error. Because the Cronbach's alpha was within the acceptable level of $\alpha = .76$, the t-test results are indicative of a reliable difference in the dependent variable. When the t-test is significant, a point-biserial correlation coefficient should be calculated to obtain the effect size (Heiman, 2003). Because the t-test in this research question was significant, the r_{pb} was calculated.

Research Question 2: Are ministers with no formal counseling training different in their referral of clients with difficult psychological problems compared to ministers with formal counseling training?

The first question used for research question 2 (RQ2) asked ministers if they would refer their clients if they felt they did not have sufficient expertise to deal with a specific issue. Responses on this question used a 5-point Likert scale ranging from *Strongly Agree* to *Strongly Disagree*. They also were asked to answer yes or no to a question on whether they actually had referred counselees. If they answered "yes" to this question, they were asked to specify the number of times they made referrals, and to whom they referred.

To answer RQ2, two chi-square procedures were conducted to assess whether frequencies differed regarding (a) ministers indicating they would refer if they did not have sufficient expertise and (b) if they actually had referred any counselees. A chi-square probability of 0.035 or less was justification for rejecting the null hypothesis of no

differences in frequencies across the formal education and no formal education groups. When a chi-square test involving other than a 2x2 table is significant, the contingency coefficient is the appropriate measure of effect size. Because it was significant, the test regarding actually having referred counselees required this calculation.

Descriptive statistics were conducted on the number of times ministers have referred their clients. Next, a Levene's test was performed on the number of times the ministers had referred. Based on the results of the Levene's test, which indicated homogeneity of variance could be assumed, a two-tailed *t*-test for equality of means was performed.

The independent variable was formal counseling training versus no formal counseling training. The dependent variable used was the number of times ministers referred. A *t*-value that falls in the area of rejection ($\alpha < .035$) indicates ministers who have no formal counseling training referred a significantly different number of times than did those ministers who have obtained formal counseling training. A *t*-value outside of the area of rejection ($\alpha > .035$) indicates ministers with no formal counseling training did not refer differently than those with formal counseling training. When the *t*-test is significant, a point-biserial correlation coefficient should be calculated to obtain the effect size. Because the *t*-test in this research question was significant, the r_{pb} was calculated.

Research Question 3: Do ministers with no formal counseling training have a differently defined code of ethics compared to those ministers with formal counseling training?

An initial scale developed from all survey questions related to RQ3 was formed to

measure the relationship between counseling training and ministers' responses to RQ3 survey items. However, the internal coefficient alpha of the scale was below the desirable level of .70. A factor analysis was then performed which revealed the existence of a reliable 3-item scale. This scale was developed by adding each participant's answers to the following questions which focused on the types of clients ministers' would feel comfortable counseling:

- I have no problem with counseling a friend;
- I have no problem with counseling a relative;
- There is no ethical problem with forming a social relationship after counseling ends.

The above individual survey items were evaluated on a scale score of 1 indicating *Strongly Agree* to 5 indicating *Strongly Disagree*. The total possible scale was between 3 and 15. Note that a higher score indicates a lower tendency to counsel family members or friends.

To ascertain the consistency of this new scale, a Cronbach's alpha was computed to determine if the survey items produced appropriate internal consistency. This internal consistency was based on how each item included in the test related to all other items and to the test. According to Gravettner and Wallnau (2007), a Cronbach's alpha of .70 or higher indicates adequate internal consistency in minister's answers to the related questions. A Cronbach's alpha of .70 or lower indicates a lack of internal consistency in the minister's answers to the related questions. Because the Cronbach's alpha was within the acceptable level of $\alpha = .733$, the t test results are indicative of a sufficiently reliable difference in the dependent variable.

A Levene's test for equality of variances indicated that homogeneity of variance could be assumed therefore, a two-tailed t -test for equality of means using equal variances was performed.

The independent variable was formal counseling training versus no formal counseling training. The dependent variables were the ministers' scale scores. A t -value that falls in the area of rejection ($\alpha < .035$) indicates ministers who have no formal counseling training differ in their attitudes about whom they should or should not counsel from those ministers with formal training. A t -value that falls outside the area of rejection ($\alpha > .035$) indicates ministers who have no formal counseling training do not differ in their attitudes on this aspect of ethics from ministers with formal training. In addition, ministers were asked to indicate the specific organization's ethical code that guides their counseling. Because the t -test in this research question was significant, the r_{pb} was calculated.

Research Question 4: Is there a difference in the counseling methods of ministers with no formal counseling training compared to ministers with formal counseling training?

A scale was developed involving the set of questions to answer RQ4. It did not, however, result in an adequate Cronbach's alpha. Further, a factor analysis yielded no usable subscales. Therefore, two questions from the survey that directly measured the ministers' counseling methods were used and two chi-square analyses were conducted. A chi-square probability of 0.035 or less was justification for rejecting the null hypothesis of no differences in frequencies across the formal education and no formal education groups.

The first chi-square procedure was conducted on the following question: “Counseling theory such as Carl Rogers and Sigmund Freud should be used with scripture and prayer.” This question used a 5-point Likert-type scale with answer choices of *Strongly Agree*, *Agree*, *No Opinion*, *Disagree*, or *Strongly Disagree*. This chi-square procedure assessed whether frequencies differed regarding ministers’ answers to the above question between those ministers. This chi-square did not require the calculation of an effect size. According to Heiman (2003) one does not calculate effect size when the chi-square is not significant.

The second chi-square procedure assessed whether frequencies differed regarding ministers’ method of pastoral counseling from the following choices: (a) I use scripture, prayer, and common sense; (b) I use psychotherapeutic approaches such as Psychodynamic, Humanistic, Behavioral, etc.; or (c) I use a combination of scripture, prayer, common sense, and psychotherapeutic approaches. A contingency coefficient was calculated for the effect size related to the chi-square statistic.

In addition, descriptive statistics analyzed ministers’ answers to the following open ended questions:

- I experience stress in my ministry with the following responsibilities...
- I am uncomfortable in counseling situations involving...

Note that in addition to the survey items used to answer each of the research questions, the survey also included a “comment section” in order for ministers to add thoughts they might wish to share that were not addressed within the survey questions. A compilation of those comments can be found in Appendix I. The examination of statistics

performed on ministers' answers to items surveying the methods and ethics that guide their counseling follow.

Chapter 4

Results

The main objective of the current study was to determine whether formal counseling training would lead to differences in attitudes, ethics, and counseling approaches in a sample of ministers. A total of 248 (41%) ministers responded to a survey on attitudes, ethics, and counseling approaches.

The following research questions were posed:

1. Do ministers who do not have formal counseling training place a different level of emphasis on the use of the Bible and prayer in counseling than ministers who have had formal counseling training?
2. Are ministers who do not have formal counseling training different in their referral of clients with difficult psychological problems compared to ministers who have had formal counseling training?
3. Do ministers with no formal counseling training have a different code of ethics compared to ministers with formal counseling training?
4. Is there a difference in counseling methods of ministers with formal training compared to those with no formal training?

In this chapter, the descriptive statistics will be presented first. Indicators of the reliability of the measures used will then be described. Thereafter, the results of the statistical procedures vis-à-vis the research questions will be detailed.

Descriptive Statistics

The frequency counts and percentages of the demographic characteristics of the sample are presented in Table 1. Close to half of the respondents were full-time ministers

(49.2%) while about a quarter were part-time ministers with an additional job (25.4%). Most of the respondents were seasoned ministers, working 11 or more years as ministers (62.9%). More than half of the respondents had at least a college education (65.4%). Although most of the respondents provide counseling as part of ministry work (78.2%), only a minority actually had formal counseling training (34.7%). Most of those with formal counseling training got their education either from a university (10.5% of the whole sample) or from several sources (16% of the whole sample). Only a minority belonged to a professional organization (5.6%). Almost all pastors currently have a counseling mentor who is either an experienced pastor (48.8%) or a professional counselor (43.1%).

Research Question 1: Do ministers with no formal counseling training place a different level of emphasis on the use of the Bible and prayer than ministers with formal counseling training?

The first research question sought to ascertain the use of the Bible and prayer in counseling as a function of counseling training. The Bible and Prayer scale had 7 items. The internal coefficient measure of Cronbach's alpha for the Bible and Prayer scale used in the study is presented in Table 2. As can be seen in the table, the Bible and Prayer scale had an acceptable alpha of .76.

The total score of seven survey items comprised the Bible and Prayer scale. The seven individual survey items were evaluated on a scale of 1 indicating *Strongly Agree* to 5 indicating *Strongly Disagree*, with a possible scale score between 7 and 35. A higher score indicates lower reliance on the Bible and prayer in counseling.

Table 1

Frequency Counts and Percentages of Demographic Characteristics

Variable	Frequency	Percentage
Pastoral status		
Pastor in training	30	12.1
Part-time pastor with additional job	63	25.4
Full-time pastor	122	49.2
Retired	20	8.1
Missing	13	5.2
Years of ministry experience		
Less than 5 years	44	17.7
5 to 10	34	13.7
11 to 20	53	21.4
21 to 30	41	16.5
More than 30 years	62	25.0
Missing	14	5.6

Table 1 (Continued)

<i>Frequency Counts and Percentages of Demographic Characteristics</i>		
Variable	Frequency	Percentage
Education		
Less than high school	2	.8
High school graduate	48	19.4
Two year seminary (no college)	4	1.6
Two year college	14	5.6
Four year college	52	21.0
Four year college plus seminary	38	15.3
Master's degree	48	19.4
Doctorate	24	9.7
Other	4	1.6
Missing	14	5.6
Provide counseling as part of ministry		
Yes	194	78.2
No	40	16.1
Missing	14	5.6
Formal counseling training		
Yes	86	34.7
No	149	60.1
Missing	13	5.2

Table 1 (Continued)

<i>Frequency Counts and Percentages of Demographic Characteristics</i>		
Variable	Frequency	Percentage
Source of formal counseling training		
Seminars	16	6.5
Distance learning courses	6	2.4
College or university	26	10.5
Seminary	12	4.8
Other	5	2.0
Combination of the above sources	40	16.0
Did not have formal training	134	54.0
Missing	9	3.6
Hold professional license or certificate		
Yes	14	5.6
No	213	85.9
Missing	21	7.4
Counseling mentor		
Yes, experienced pastor	121	48.8
Yes, professional counselor	107	43.1
No	0	0
Missing	20	8.0

Table 2

Internal Coefficient Alpha for Research Question 1

Scale	Case N	Item N	Alpha
Bible and Prayer Use	229	7	.758

A Levene's test for equality of variances was first performed. The Levene's test assessed homogeneity of variances in the two groups of ministers. The p -value (which should be higher than .05) was $p = .847$ and indicates equal variances among the treatment groups. An independent t -test procedure was conducted to ascertain the relationship between counseling training and use of the Bible and prayer during counseling sessions. A two-tailed t -test of means assuming equal variances was performed on the scale scores. A two-tailed significance level of .035 was used, given that the direction of the relationship between the two levels was not specified and the desire to keep the overall probability of committing a Type I error within appropriate limits.

The findings which are presented in Tables 3 and 4, indicate that use of the Bible and prayer scores varied significantly as a function of formal counseling training, $t(227) = 3.075, p = .002$. Therefore, the null hypothesis is rejected. In particular, ministers with formal training did not rely on the use of the Bible and prayer during counseling sessions as strongly ($M = 20.29$) as ministers without formal training ($M = 18.65$).

The findings in research question 1 indicate that ministers with no formal counseling training place a different level of emphasis on the use of the Bible and prayer than ministers with formal counseling training. In fact, ministers with no formal

counseling training indicated they rely significantly more on the use of the Bible and prayer during their counseling sessions as compared to ministers with formal counseling training.

Table 3

Bible and Prayer Emphasis Scores

Group	N	Mean	SD
Formal training	85	20.29	3.876
No formal training	144	18.65	3.944

Table 4

Independent t-test Results for Bible and Prayer Emphasis as a Function of Formal Counseling Training

Variable	Mean Diff.	t	df	Sig.
Bible and prayer emphasis	1.648	3.075	227	.002

The measure of effect size in a two-sample experiment is the point-biserial correlation coefficient (r_{pb}) (Heimen, 2003). For RQ1, the r_{pb} value is .20, which is a relatively small effect size (Gay & Arasian, 2003). Another way to view this is 4.0% of the variance in the scores on the use of the Bible and Prayer in counseling is accounted for by knowing whether or not the ministers had received formal counseling training.

Research Question 2: Are ministers with no formal counseling training different in their referral of clients with difficult psychological problems compared to ministers with formal counseling training?

The second research question sought to ascertain client referral as a function of counseling training. Two chi-square procedures were performed. The first chi-square test examined whether the two groups (formally trained versus untrained) had the same proportion of observations in their referrals. The second chi-square test examined if ministers with formal counseling training were as likely to refer their clients compared to ministers without formal training. A chi-square probability of 0.035 or less was justification for rejecting the null hypothesis.

An independent *t*-test procedure also was conducted to assess the relationship of counseling training and client referral, using the number of referrals made as the dependent variable. A two-tailed significance level of .035 was specified, given that the direction of the relationship between the two levels was not specified.

Ministers were asked to answer the Likert-type survey question: "If someone comes to me for counseling and I do not have sufficient expertise with their particular problem, I would refer them to another minister or counselor." The findings in Table 5 indicate that both formally trained and untrained ministers agree they would refer clients to other ministers or counselors if they felt they did not have sufficient training to deal with their counselee's particular issue. A chi-square procedure on these data reveals a value of $\chi^2 (2) = 2.499$ ($p = .287$) indicating no significant differences in the response frequencies across the two levels of training. With no responses in either the *Disagree* or

Strongly Disagree categories, ministers in both groups reported they would refer clients with difficult psychological problems if they felt they did not have sufficient expertise.

Table 5

<i>Would Refer Clients</i>						
Group	Strongly Agree		Agree		No Opinion	
	N	%	N	%	N	%
Formal training	62	72.9	23	27.1	0	.0
No formal training	102	68.5	43	28.9	4	2.6

Ministers were then asked whether or not they actually have referred individuals whom they did not feel qualified to counsel (see Table 6). While all ministers indicated they would refer clients if they felt it necessary, a chi-square analysis indicated significantly more ministers with formal counseling training had referred clients than ministers without formal training ($\chi^2(1) = 5.423, p = 0.02$). The contingency coefficient (that is, effect size) for this test is .15, which is a very small effect size. Therefore, there is only a 2.4% increase in the accuracy of predicting the number of ministers who said they had referred their clients by knowing whether or not the ministers had received formal counseling training.

Table 6

<i>Client Referrals Made</i>				
Group	Yes		No	
	N	%	N	%
Formal training	78	91.8	7	8.2
No formal training	109	80.1	27	19.9

In addition, ministers were asked how many times they have referred their clients. The Levene's test assessed homogeneity of variances in the two groups of ministers (formally trained versus untrained). The p -value (which should be higher than .05) was $p = .152$ and indicates equal variances can be assumed. The independent t -test procedure was conducted to ascertain the relationship between counseling training and the number of actual times ministers referred. A two-tailed t test of means assuming equal variance was used. A two-tailed significance level of .035 was used, given that the direction of the relationship between the two levels was not specified. The findings in Tables 7 and 8 indicate that the number of referrals made when the minister felt he/she did not have the expertise to deal with the problem varied significantly as a function of formal counseling training, $t(219) = 2.18, p = .031$. Therefore, the null hypothesis is rejected. In particular, those ministers with formal counseling training did in fact refer their clients significantly more ($M = 1.24$) than did ministers with no training ($M = .98$).

Table 7

Number of Referrals Made

Group	N	Mean	SD
Formal training	85	1.24	.87
No formal training	136	.98	.85

Table 8

Independent t-test Results; Number of Referrals as a Function of Formal Counseling Training

Variable	Mean Diff.	t	df	Sig.
Number of referrals	.257	2.18	219	.031

For RQ2, the r_{pb} value is .14, again indicating a very small effect size. That is, 2.1% of the variance in the number of referrals made is accounted for by knowing whether or not the ministers had received formal counseling training.

The findings in research question 2 indicate both formally trained ministers and ministers without formal training in counseling reported they would refer clients with difficult psychological problems if they felt they did not have sufficient expertise. However, the findings also indicate that ministers with no formal counseling training are different in their actual referral of clients with difficult psychological problems compared to ministers with formal counseling training. In fact, ministers with formal counseling training reported that they actually referred clients significantly more often than did those ministers without formal training.

Research Question 3: Do ministers with no formal counseling training have a differently defined code of ethics compared to those ministers with formal counseling training?

The third research question (RQ3) sought to ascertain ministers' counseling ethics as a function of counseling training. An initial scale was developed to measure the relationship between counseling training and counseling ethics regarding ministers' stance on key ethical issues. This scale measured ethics regarding the type of clients ministers would counsel, conditions in which they would break confidentiality, and their confidence in knowing what information to keep confidential.

A higher score indicated a lower level of ethics development. The internal alpha coefficient of this scale is presented in Table 9. As can be seen in the table, the scale had an alpha level below the desirable level of .70. Although some authors have suggested that in preliminary studies such as the current research a Cronbach's alpha greater than .60 is satisfactory, Nunnally, in subsequent editions of his text *Psychometric Theory* changed his initial recommended level from 0.5-0.6 (1967) to 0.7 (1978). Because of this, the overall scale was not used.

Table 9

Overall Ethics Internal Coefficient Alpha

Scale	Case N	Item N	Alpha
Minister's Ethics	228	9	.670

The low overall reliability of the scale for this research question led to the possibility of the existence of multiple factors within the questions used to assess this possibility. A factor analysis was performed. Because the need was to describe the results

found in the current data, a principal component analysis was used (Tabachnick & Fidell (2001). Following this extraction method, a varimax rotation was applied. This rotation results in an orthogonal set of factor loadings in which the variance was maximized. This factor analysis (see Table 10) revealed the existence of four factors within the set of questions for RQ3 with eigenvalues in excess of 1.00 (that is, significant).

Those questions that loaded on Factor 1 were:

- I have no problem with counseling a friend.
- I have no problem with counseling a relative.
- There is no ethical problem with forming a social relationship after counseling ends.

Table 10

Factor	Eigenvalue	% of Variance
1	2.595	19.960
2	1.627	12.515
3	1.530	11.767
4	1.081	8.313

Those questions that loaded on Factor 2 were:

- There are no circumstances in which I would disclose what someone tells me during counseling.
- Psychological problems are never the result of a biological chemical imbalance.
- I am not sure what information from a counseling session should be kept confidential and what information I should disclose.

- If I were counseling someone who was sexually attracted to me, I might refer to another minister or counselor.

Those questions that loaded on Factor 3 were:

- If someone I am counseling threatens to harm someone, I would see it as my duty to warn or otherwise protect that person.
- If someone I am counseling reveals that he or she has HIV/AIDS, I have a duty to warn that person's identified sexual partners if they have not done so and if they are engaged in unsafe sexual practices.
- If I believed a minister was doing something unethical but it wasn't a serious violation, I would discuss it with the person, or I would report it to their superior if I believed it to be a serious violation.
- When child abuse is revealed during counseling, the minister should report it.

Those questions that "loaded" on Factor 4 were:

- I see my values as the lenses through which I view the world.
- Ministers must have an understanding of cultural differences in order to be fully effective.

Only one of these factors (Factor 1) produced a sufficiently reliable 3-item scale (based on the associated Cronbach's alpha value) and focused on the types of individuals ministers would feel comfortable counseling. No other factors proved sufficiently reliable. The reliable 3-item scale measured ethics regarding the type of clients ministers would counsel and included the three items of addressing counseling friends, relatives, and forming social relationships with counselees, also referred to as a dual relationship. As can be seen in Table 11 the internal alpha coefficient of the Client Type scale had an acceptable alpha of 0.733.

This scale was used to determine if differences exist among ministers' responses on these questions dealing with the issue of dual or multiple relationships. The APA code of Ethics (Section 3.05) states when a psychologist is in a professional role with a person,

the psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

The ACA code of Ethics states in section. A.5.c. that nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client. In Section A.5.d. the code states when a counselor–client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. According to Koocher and Spiegel, despite the seeming advantages of giving counsel to friends and family members, sustained therapy relationships with them should be avoided (1998).

Table 11

Client Type Internal Coefficient Alpha

Scale	Case N	Item N	Alpha
Client Type	236	3	.733

The three individual survey items comprising the total score of the Client Type scale were evaluated on a scale of 1 indicating *Strongly Agree* to 5 indicating *Strongly*

Disagree, with a possible scale total score between 3 and 15. A higher score indicates lower tendency to counsel friends or relatives.

A Levene's test for equality of variances for the Client Type scale was performed. The Levene's test assessed homogeneity of variances in the two groups of ministers. The independent variable used was formal counseling training versus no formal counseling training. The dependent variable used was the Client Type ethics scale score. The p -value (which should be higher than .05) was $p = .583$ and indicates equal variances among the treatment groups. An independent t -test procedure was then conducted to ascertain the relationship between counseling training and the types of clients ministers would counsel. A two-tailed t -test of means assuming equal variances was performed on the scale scores. A two-tailed significance level of .035 was used, given that the direction of the relationship between the two levels was not specified.

The findings in Tables 12 and 13 indicate that ministers' ethics varied significantly as a function of formal counseling training, $t(233) = 2.481, p = .014$. In particular, ministers with formal training had a lower level of comfort counseling close friends or relatives ($M = 10.17$) in comparison to ministers without formal training ($M = 9.24$). For this t -test the r_{pb} value is .16, again representing a very small effect size. That is, 2.6% of the variance in the ministers' indicated willingness to counsel friends and relatives and to form a social relationship after counseling ends is accounted for by knowing whether or not the ministers had received formal counseling training.

Table 12

Minister's Ethics Scores on Type of Client

Group	N	Mean	SD
Formal training	85	10.17	2.697
No formal training	149	9.24	2.820

Table 13

Independent t test Results for Type of Client as a Function of Formal Counseling Training

Variable	Mean Diff.	t	df	Sig.
Minister's Ethics	.933	2.481	233	.014

In addition, ministers were asked to indicate the specific organization's code that guides their counseling. Table 14 comprises a complete list of ministers' responses to this question.

The findings in research question 3 indicate that ministers' ethics in relation to the type of clients they would feel comfortable counseling did vary significantly as a function of formal counseling training. In fact, the research findings indicate that ministers without formal counseling training indicated they would have little problem in counseling friends and family members or engaging in social relationships with their counselees after counseling sessions have ended compared to those ministers who are formally trained in counseling.

Table 14

Codes Guiding Ministers' Counseling

Code	Formal		No Formal	
	N	%	N	%
AACC	2	66.7	1	33.3
AAPC	2	50.0	2	50.0
Bible	8	20.5	31	79.5
APA	2	100.0	0	0.0
ACA	2	100.0	0	0.0
NASW	1	50.0	1	50.0
AAMFT	1	100.0	0	0.0
WVBC	2	22.2	7	77.8
Bible, AACC	2	100.0	0	0.0
Bible, AAPC	1	50.0	1	50.0
AAPC, ACA	1	50.0	1	50.0
AAPC, AAMFT	1	100.0	0	0.0
Bible, AAMFT	1	100.0	0	0.0
Bible, WVBC	2	40.0	3	60.0
AACC, AAPC, ACA	0	0.0	1	100.0
Bible, AAPC, ACA	1	100.0	0	0.0
AAPC, AAMFT, WVBC	1	100.0	0	0.0
Bible, APA	3	100.0	0	0.0

Research Question 4: Is there a difference in the counseling methods of ministers with no formal counseling training compared to ministers with formal counseling training?

The fourth research question (RQ4) sought to ascertain counseling methods as a function of counseling training. No set of questions posed under RQ4 resulted in a sufficiently reliable scale. Therefore, two questions that directly measured the ministers' counseling methods were used.

First, ministers responded to the question "Counseling theory such as Carl Rogers and Sigmund Freud should be used with scripture and prayer." A chi-square evaluated the above individual survey item to ascertain whether the two groups of ministers (formally trained versus untrained) had the same proportion of observations in their counseling methods. A chi-square probability of 0.035 or less was justification for rejecting the null hypothesis.

The findings reveal a chi-square value of $\chi^2 (4) = 7.869$, ($p = 0.96$) indicating no significant differences in response frequencies across the two levels of training. Ministers in both groups indicate they are in agreement to an approach that uses a combination of formal theory and the Bible and prayer in counseling (see Table 15).

A second chi-square procedure examined whether the two groups (formally trained versus untrained) had the same proportion of observations regarding their method of pastoral counseling. Again, a chi-square probability of 0.035 or less was justification for rejecting the null hypothesis.

Ministers were asked to answer the following survey question: my method of pastoral counseling is... They chose from the following: the use of the Bible, prayer, and common sense; psychotherapeutic approaches such as Psychodynamic, Humanistic,

Behavioral, etc.; or a combination of the Bible, prayer, common sense, and psychotherapeutic approaches.

Table 15

<i>Combined Method of Counseling</i>										
Level of Training	Strongly Agree				No Opinion				Strongly Disagree	
	Agree		Agree		Disagree		Disagree		Disagree	
	N	%	N	%	N	%	N	%	N	%
Formal	12	14.0	43	50.0	15	17.4	12	14.0	4	4.7
No Formal	12	8.1	56	37.6	37	24.8	35	23.5	9	6.0

The chi-square procedure reveals a value of ($\chi^2 (1) = 35.377, p < .001$) indicating significant differences in the preferred method of counseling between the two groups as a function of training. The findings in Table 16 indicate that formally trained and untrained ministers differ significantly in their methods of counseling. Formally trained ministers relied significantly more on a combined method of Bible, prayer, common sense, and formal therapeutic approaches in their counseling. The ministers who were not formally trained relied significantly more on the use of the Bible, prayer, and common sense method of pastoral counseling.

For this chi-square, the contingency coefficient is 0.37, which would indicate a small to medium effect size. Therefore, there is a 13.6% increase in the accuracy of predicting the number of ministers in each method of counseling is accounted for by whether or not the ministers had received formal counseling training.

Table 16
Method of Pastoral Counseling

Group	Bible, Prayer, and		Psychotherapeutic			
	Common Sense		Approaches		Combination	
	N	%	N	%	N	%
Formal	17	20.0	0	.0	68	80.0
No formal	85	60.7	0	.0	55	39.3

Table 17 contains descriptive statistics compiled on minister's answers to the question "I am uncomfortable in counseling situations involving..."

Table 17
Frequency Counts and Percentages of Uncomfortable Topics

Topics	Formal		No Formal	
	N	%	N	%
Marital	2	66.7	1	33.3
Grief	1	25.0	3	75.0
Adultery	2	66.7	1	33.3
Homosexuality	7	36.8	5	83.3
Family Disputes	11	47.8	12	52.2
Issues of Faith	0	0.0	1	100.0
Combination	20	26.3	56	73.7

Table 18 contains descriptive statistics compiled on ministers' answers to the question "I experience stress in my ministry with the following responsibilities..."

Table 18

Frequency Counts and Percentages of Minister's Stress

Causes of Stress	Formal		No Formal	
	N	%	N	%
Preaching	4	80.0	1	20.0
Teaching	1	100.0	0	0.0
Counseling	4	22.2	14	77.8
Funerals	1	16.7	5	83.3
Home Visits	7	63.6	4	36.4
Hospital Visits	1	33.3	2	66.7
Weddings	3	60.0	2	40.0
Administrative Duties	3	75.5	1	25.0
Ungodly Behaviors	2	25.0	6	75.0
Combination	37	37.7	69	62.3

The findings in research question 4 suggest that ministers indicated they feel counseling theories such as those postulated by Carl Rogers and Sigmund Freud should be used along with the Bible, prayer, and common sense during counseling sessions. However, when they were asked to indicate the particular method of counseling they use during their counseling sessions, their answers differed significantly. In fact, the research findings indicate that ministers with formal counseling training relied significantly more on a combined method of Bible, prayer, common sense, and formal therapeutic approaches in their counseling, while those ministers who were not formally trained

relied significantly more on the use of the Bible, prayer, and common sense method of counseling in their sessions.

In summary, the null hypothesis for RQ1 is rejected as ministers with no formal counseling training place a different level of emphasis on the use of the Bible and prayer during counseling sessions as compared to ministers who are formally trained. The null hypothesis in RQ2 is rejected as ministers with no formal counseling training are different in their actual referral of clients with difficult psychological problems compared to ministers who are formally trained. The null hypothesis in RQ3 is rejected as ministers with no formal counseling training had a different response in relation to the types of clients they would counsel compared to ministers who are formally trained. The null hypothesis in RQ4 is rejected as ministers with no formal counseling training varied significantly on their preferred method of counseling compared to ministers who are formally trained.

Chapter 5

Discussion

This study explored the use of theory, scripture, referral, and ethical issues of ministers who are formally trained in counseling compared to ministers who are not formally trained in counseling. A total of 248 ministers responded to a survey developed for this study to explore their differences in counseling based on their training. Those survey responses were used to answer four research questions relevant to the pertinent available literature.

The designation of minister or counselor and formally trained or untrained in counseling is an important topic to investigate. Stone (2001) points out that counseling is a necessary part of the ministry. Yet a review of available literature revealed most seminaries do not include counseling training as part of their curriculum for ministry students. Benner (1997) found that 87% of pastors surveyed reported they felt a need for further counseling training.

For many ministers, counseling is an inherent role within the ministry even in the absence of formal counseling training. In light of the fact that very little has been written concerning counseling by pastors with minimal or no formal counseling training, this study explored variables that may affect ministers' counseling in relation to whether or not they received formal counseling training. The ministers were West Virginia American Baptists who graciously agreed to participate in this first of its kind exploratory study by answering a 50-item survey addressing their counseling activities. Their responses to the survey items were analyzed to answer four research questions.

Research Question 1: Do ministers with no formal counseling training place a different level of emphasis on the use of the Bible and prayer in their counseling than do ministers with formal counseling training? The survey items used to answer RQ1 sought to ascertain ministers' use of the Bible and prayer in their counseling sessions as a function of training. According to Jay Adams of the National Association of Nouthetic Counselors, all that is needed to help another person may be found in the Bible (2006). For this research question, the null hypothesis stated that no significant differences existed between the two groups of ministers (those with formal counseling training and those with no formal counseling training). The research hypothesis stated “Ministers with no formal counseling training place a different emphasis on the use of the Bible and prayer in counseling as compared to ministers who have formal counseling training.”

The findings support rejecting the null hypothesis and accepting the research hypothesis. That is, ministers with no formal counseling training did place a different emphasis on the use of the Bible and prayer in counseling, as compared to ministers who have formal counseling training. The results further indicated that ministers who do have formal counseling training did not rely as strongly on the use of the Bible and prayer during counseling sessions ($M = 20.29$), compared to those who do not have counseling training ($M = 18.65$). A measure of effect size for RQ1 was relatively small at .20.

There is an important factor to be weighed when considering this research question. All ministers are more likely to use the Bible and prayer during counseling sessions. Those ministers who were not formally trained in counseling, but who do have training as a minister, pull from their existing knowledge base to assist their counselees. If that knowledge base does not include formal counseling theory, it would follow that

ministers would rely more on the Bible and prayer or some other non-professional mental health model as compared to ministers who have been formally trained. The data in this study supports such a conclusion.

Research Question 2: Are ministers with no formal counseling training different in their referral of clients with difficult psychological problems compared to ministers with formal counseling training? Two survey items used to answer RQ2 sought to ascertain referral habits of ministers as a function of training. For this research question, the null hypothesis stated that no significant differences existed between the two groups of ministers (those with formal counseling training and those with no formal training). The research hypothesis stated, “Ministers with no formal counseling training are different in their referral of clients with difficult psychological problems as compared to ministers with formal counseling training.

The findings support rejecting the null hypothesis and accepting the research hypothesis. That is, ministers with no formal counseling training are different in their referral habits of clients as compared to ministers who have formal counseling training. The results further indicated that ministers who do have formal counseling training referred their clients more ($M = 1.24$) than did those ministers who do not have formal counseling training ($M = .98$). A measure of effect size indicated a very small (2.1%) variance in the scores.

Both formally trained and untrained ministers indicated they would refer a counselee if they felt they did not have sufficient expertise to handle the counselee’s problem. Responses revealed 97.4% of those ministers who were not trained formally and 100.0% of those ministers who were trained formally either strongly agreed or

agreed they would refer under the above stated circumstances. It seems important to note this survey item addressed minister's perception of his or her practices of referral, rather than actual referral behaviors.

However, a t-test procedure revealed when ministers were asked if they actually had referred, their responses differed significantly. Ministers who were formally trained in counseling reported that they actually referred significantly more often than did those ministers who were not trained. The results indicate formal training did make a difference in referral behaviors between these two groups of ministers. A measure of effect size for RQ2 was very small at 0.14.

The findings also support the available literature on the topic. Robertson concluded that ministers lacking adequate preparation in counseling often do not know how to make a referral (1969). This is particularly interesting given the fact that many ministers report that part of their fundamental instruction recommends they (a) be a good listener, and (b) refer parishioners with major problems beyond the pastor's counseling competence (Wiersbe, 2000). Perhaps they did not refer because they did not believe as strongly in the use of counseling techniques based on constructs from outside their religious values. Perhaps the answer to why the findings indicate untrained ministers did not refer as often as those who were formally trained may best be summed up by Fouque and Glachen, who wrote that for counseling pastors with little or no formal training, the ability to accurately determine what is "beyond" their counseling competence may be impaired (2000).

It is important to note that counseling students trained through programs endorsed by APA, ACA, CACREP, AAPC, and AACC are bound by ethical codes to refer counselees who present with issues they are inadequately trained to treat. It should be

pointed out that, regardless of formal training status, the perception of when one's training, experience, or expertise is inadequate is left to the professional. Errors in judgment are still possible, although perhaps less so with training. However, it still rests with the individual minister to decide when referral is appropriate, which is no different than in formal counseling.

Research Question 3: Do ministers with no formal counseling training have a differently defined code of ethics compared to ministers with formal counseling training?

For this research question, the null hypothesis stated that no significant differences existed between the two groups of ministers (those with formal counseling training and those with no formal training). The research hypothesis stated, "Ministers with no formal counseling training ascribe to a different code of ethics than ministers with formal counseling training."

It was found that the scale as proposed did not possess the necessary level of internal consistency as revealed by a Cronbach's Alpha of .670. Therefore, the original scale items were subjected to a factor analysis to determine if some subset of items might form a sufficiently reliable scale with which to address the research question. A principal component analysis with a varimax rotation factor analysis generated one reliable scale examining the type of client ministers would counsel which provided a very limited look at ethics. The t-test findings on the scores from that scale reveal that ministers who were not formally trained in counseling differed significantly in their responses from those ministers who were formally trained. That is, those ministers who were not formally trained in counseling reported they (a) had no problem counseling a friend, (b) had no

problem counseling a relative, and (c) saw no problem with forming a social relationship after counseling ends.

The findings support rejecting the null hypothesis and accepting the research hypothesis. That is, ministers with no formal counseling training were different in terms of who they would counsel as compared to ministers who have formal counseling training. The results further indicated that ministers who do have formal counseling training were not as inclined to counsel friends or family members, or to form a social relationship with their clients after counseling ends ($M = 10.17$). Those ministers who did not have formal counseling training indicated they would have less trepidation counseling friends and relatives, or forming a social relationship with a counselee once counseling sessions have ended ($M = 9.24$), when compared to ministers who were formally trained in counseling. A measure of effect size for RQ3 was relatively small at .16.

However, these findings mirror appropriate literature indicating untrained ministers may lack an understanding and training in important ethical topics which may become a deterrent to competent counseling (Foskett, 1992). As Fouque points out, one who engages in a healing relationship without the necessary skills can actually harm people or hurt themselves by failing to maintain the integrity of the therapeutic encounter through lack of ethical training and knowledge (2003).

The issue of counseling friends or family members is one of many issues addressed during a formal training process in counseling and considered to be a dual-relationship in the APA (2002) code of ethics which warns against entering into a relationship that may result in harm to the counselee. According to Koocher and Spiegel,

(noted authors on the topic of ethics), though it may appear to be advantageous to counsel friends and family members, it should be avoided (1998).

In terms of training, it should be noted those student ministers who attend seminary may very well expect their professors to prepare them for the responsibilities inherent to the ministry. However, according to Crawford (2002), there is strong evidence suggesting that most seminary training includes very little ethics training in relation to counseling. As covered in the literature review, not all ministers are trained in a seminary (Stone, 2001). A review of class descriptions also indicated those ministers who pursue alternative training in the ministry, such as the classes offered through the Christian Studies Program, have even less exposure to classes addressing counseling issues. This lack of training may lead to incorrect assumptions regarding duties, but may also create a lack of awareness of what constitutes ethical counseling. Therefore, ministers who are not trained in a formal setting may never consider ethics beyond biblical scriptures.

Generally speaking, therapy is best served when the therapist does not have more than one kind of relationship with his or her client. However, it seems reasonable to state that an ethical therapist will uphold clear professional boundaries. In a recent article, Zur (2008) defined dual relationships or boundary crossings as any situation where multiple roles exist between a therapist and a client such as counseling a friend, or family member. However, Zur also points out that distinctions should be made between boundary crossings and boundary violations and that all dual relationships are not necessarily unethical or illegal. Nor do they necessarily lead to exploitation or harm (2008). It should also be pointed out ethical guidelines do not mandate a blanket avoidance of dual relationships. All ethical guidelines do prohibit exploitation and harm of clients.

Ministers also responded to the statement, “My counseling is guided by a specific organization’s code of ethics.” There were 82 individuals who reported their counseling *is* guided by a specific organization’s code of ethics, whereas, 135 reported their counseling is *not* guided by a specific organization’s code of ethics. When specifying the organization whose code guides their counseling, 54 listed the Bible; the West Virginia Baptist Association followed with 16 respondents. There were only 16 responses listing secular associations among the ministers. Again, it is important to note that anyone trained through programs endorsed by APA, ACA, CACREP, AAPC, and AACC are bound by ethical codes that recommend their members not engage in counseling with friends or family members.

Research Question 4: Is there a difference in counseling methods used by ministers with no formal counseling training as compared to ministers with formal counseling training? Two survey items were used to answer RQ4 which sought to ascertain the counseling methods used by ministers as a function of training. It was hypothesized that ministers who were not formally trained in counseling would differ significantly on counseling methods compared to ministers who have been formally trained.

For this research question, the null hypothesis stated that no differences existed between the two groups of ministers (those with formal counseling training and those with no formal training). The research hypothesis stated, “There is a difference in counseling methods used by ministers with no formal counseling training as compared to ministers with formal counseling training.”

The findings support rejecting the null hypothesis and accepting the research hypothesis. That is, ministers with no formal counseling training differed in their counseling methods, as compared to ministers who have formal counseling training. The results further indicated that more ministers who do have formal counseling training indicated they use a combination of the Bible, prayer and formal counseling theory as their method of counseling (80%) as compared to those ministers who do not have formal counseling training (39%). More ministers who do not have formal counseling training indicated they use only the Bible and prayer as their method of counseling (61%) as compared to those ministers who do have formal training (20%). The contingency coefficient for RQ4 is .37, which would indicate a small to medium effect size.

Ministers' responses to the first question revealed they did not differ in their belief that formal counseling theories should be used along with the Bible and prayer during counseling sessions. However, their responses to the second question revealed significant findings. When ministers were asked to indicate their particular method of counseling their responses revealed a significant difference between ministers' methods of counseling based on their training. Those ministers who were not formally trained (60.7%) more often listed their counseling methods as use of the Bible, prayer, and common sense. Those ministers who were formally trained (80.0%) more often listed their counseling methods as a combination of the Bible, prayer, common sense, and psychotherapeutic techniques. Based on these findings, the null hypothesis is rejected.

These results reflect the attitudes found in available literature. In 1993 Bulkey wrote "...when you say the Scriptures are not enough, you are in fact saying that *Christ* is not." He went on to write "God has provided answers in His Scriptures for every possible

spiritual, mental, and emotional problem that mankind has ever and could ever experience...counseling that is merged with psychological theory does not believe that Christ is sufficient to heal the troubled heart” (p. 275).

In addition, when asked to indicate duties that cause discomfort or is a source of frustration, ministers most often listed counseling as the pastoral duty that frustrates them the most. As to what counseling topics cause ministers to feel uncomfortable, 65% of the ministers listed homosexuality, followed by family disputes at 59%. Comments by ministers indicated much of their frustration comes from not being properly trained.

The results of this study, overall, provide substantive answers to the proposed research questions regarding the role of ministers as counselors. Although counseling as a professional activity is arguably secular, this study demonstrates many of its practitioners are neither secular, nor professionally trained.

Limitations and Future Directions

This study breaks new ground in several ways, but leaves ample room for future research to critique or refine its findings. First, the participants of this study were predominantly West Virginia American Baptist ministers. In the future, a variety of denominations should be involved in similar studies. It will be important to investigate the extent to which the results of this study endure beyond the scope of American Baptists to determine whether the same holds true for other Protestant denominations, Catholics, Evangelicals, or even non-Christian religious organizations, (e.g., Muslims and Jews).

Second, the current study included an exploratory instrument. Currently, no other measure of ministers’ counseling differences and similarities as a function of their

training exists. According to Touliatos, Perlmutter, and Holden, (2001), only six instruments have been published since 1929 that include any assessment of the role of religion. The Counseling Parishioners Survey should be further developed, as results from this study appear to indicate ethics is a multi-faceted construct. Additional questions need to be developed and tested to see if more reliable ethics subscales can be developed. In the current instrument, only one question each addressed key ethical issues such as abortion and divorce. This method of inquiry did not yield a clear and concise picture of the ministers' overall ethical situation. A factor analysis on the questions intended to address ethics led to only one useable subscale that addressed the type of clients ministers would counsel. More research in this area could uncover additional questions leading to more reliable subscales and an overall ethics scale.

A thorough literature review did not uncover a study such as this in which the ethical stance and counseling methods of ministers who are formally trained in secular counseling theory was compared to ministers who are not formally trained in counseling theory. Therefore, the results of this study could not be supported by the findings of previous research. According to Worthington, et al. (1996), on the subject of religious counseling, research is needed on the effectiveness of techniques that are explicitly religious such as prayer, use of scriptures in counseling, and the like. Outcome research is also needed on secular approaches that have been adapted for use with highly religious clients. Design of such studies should be held to the same standards as are studies that test the efficacy of secular approaches (1996). It is the hope that this study, its measurement instrument, and the results herein will serve as a springboard for that much needed research.

Conclusion

Based on the literature available on this topic and the results of this exploratory study, for many ministers the choice is not between counseling and not counseling, but between counseling in a disciplined and skilled way and counseling in an undisciplined and unskilled way (Stone, 2001). For many, the question remains of how the terms skilled and unskilled are to be defined. However, what is clear within the available literature and this study, ministers who counsel fit into one of three categories. The first category is Bible-based counseling. These ministers rely solely on Biblical principles and prayer as their method of counseling. The ministers in the current study who indicated they adhere to this approach were predominantly untrained in formal counseling theory. According to the available literature, this approach is all that is needed to help another person. In fact, as noted above, there were those who strongly rejected other forms of counseling: when one says the Scriptures are not enough, one is in fact saying *Christ* is not enough (Adams, 1993; Bulkley, 1993).

The second category is theory-based counseling. These ministers rely solely on formal counseling theories and techniques as their method of counseling. No ministers in the current study indicated they adhere to this approach. According to available literature, this approach rejects Bible-based counseling. In fact there were those who strongly rejected any form of religiously based counseling: religion is significantly correlated with emotional disturbance (Ellis, 1985; Freud, 1950).

The third category is integration-based counseling. These ministers rely on a combination of Biblical principles and prayer and formal technique and theory. The ministers in the current study who indicated they adhere to this approach were predominantly formally trained in counseling theory. According to the available

literature, this approach provides the built-in influence of faith, structure, and support by the Christian community that gives an important follow-up to formal counseling theory (Stone, 2001).

A common thread between counseling training available for both secular counselors and ministers is the standard of practice to which they refer. Training programs leading to formal counseling degrees available to secular counselors adhere to educational guidelines (APA, 2002). Training programs leading to formal counseling degrees available to ministers also adhere to educational guidelines. (AAPC, 1994; AACC, 1998). Adhering to these guidelines assumes certain psychological theories and techniques will be a part of the training program curriculum. It seems reasonable to speculate ministers who have no formal counseling training would likely not counsel using the same psychological theories and techniques employed by formally trained ministers.

In the current study, overall, it appears those ministers with formal counseling training had more "tools" in their toolbox; they made more referrals to other professionals when they felt they could not cope with a particular problem; they were less inclined to cross ethical boundaries such as engaging in dual relationships; and they were more accepting of counseling theories and techniques, such as those of Rogers and Freud. Still, they indicated feeling frustrated sometimes in their counseling, the same as their colleagues who were not formally trained. Ministers who were not formally trained relied more on the Bible and prayer during counseling sessions, they did not refer their counselees to other professionals as often as their formally trained colleagues, they were

more inclined to counsel family and friends, and their method of counseling was more likely to be use of the Bible, prayer and common sense.

To further understand the implications of this study and the ministers who participated in this study, it seems appropriate to attempt an understanding of West Virginia Baptists' biblical authority thorough a centuries old biblical tradition. According to West Virginia Baptist historian, G. Truett Rogers, such biblical authority underlies preaching, teaching, personal conduct, church organization, views of an after life, personal conduct of Christians, political and social concerns and counseling—every aspect of life. Failure to understand the strong Baptist position of placing the scriptures paramount in all doctrine and practice is a failure to grasp a most fundamental precept of what makes one a Baptist (personal communication, April 7, 2006). The Baptists who participated in this study did represent a strong belief in doctrine and practice, as the Bible and prayer were influencing factors in their counseling regardless of their training.

There are two important points to be made regarding the impact of the results of this study. The first point is in relation to the overall small effect sizes. While the results of this exploratory study revealed statistically significant results, the effect sizes were consistently small as typically defined by Cohen (1988). Cohen hesitantly defined effect sizes as "small, $d = .2$," "medium, $d = .5$," and "large, $d = .8$ ", stating that "there is a certain risk inherent in offering conventional operational definitions for those terms for use in power analysis in as diverse a field of inquiry as behavioral science" (p. 25).

In each research question, the effect size measured how much obtaining formal counseling education actually impacted the ministers' counseling activities. Albeit small, the effect size results did in fact indicate formal counseling education (or lack thereof)

did explain a statistically significant proportion of the variance in counseling activities of the sample. Since the proportion of the variance accounted for in the dependent variables is small, it suggests that other variables may be operating that could explain additional (and possibly larger) portions of the variability in the dependent measures. However, the small obtained effect size lends credence to the need for additional research, which could further determine what other variables might impact referral practices, ethics, and other aspects of counseling by ministers.

The second point to be made is in relation to the overall ability to generalize the results of this study. Although there were statistically significant differences in ministers' responses in relation to whether or not they had obtained formal counseling education, caution should be taken in attempting to generalize the results to other groups of ministers. The fact that the sample size was small and was limited to West Virginia Baptist ministers warrants caution. Obtaining statistically significant results does support the need for further research on this topic to determine if similar results would be found across other denominations and in larger samples.

There may always be, and perhaps there should be, a clear distinction between counselors trained in Christian and secular counseling techniques. Moreover, people will be afflicted and as Hume has written, that affliction between life and death, health and sickness, plenty and want brings people to a due sense of religion (1757) and as history has shown that affliction also brings people to seek the assistance of a counselor. With joint cooperation of pastors toward psychology, and psychologists toward religion, it is possible to have a healthy working relationship benefiting both psychology and religion.

Each has much to learn from the other.

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Appendix A

American Association of Pastoral Counselors

Code of Ethics

PRINCIPLE I – PROLOGUE

As members of the American Association of Pastoral Counselors, we are committed to the various theologies, traditions, and values of our faith communities and to the dignity and worth of each individual. We are dedicated to advancing the welfare of those who seek our assistance and to the maintenance of high standards of professional conduct and competence. We are accountable for our ministry whatever its setting. This accountability is expressed in relationships to clients, colleagues, students, our faith communities, and through the acceptance and practice of the principles and procedures of this Code of Ethics.

In order to uphold our standards, as members of AAPC we covenant to accept the following foundational premises:

- A. To maintain responsible association with the faith group in which we have ecclesiastical standing.
- B. To avoid discriminating against or refusing employment, educational opportunity or professional assistance to anyone on the basis of race, gender, sexual orientation, religion, or national origin; provided that nothing herein shall limit a member or center from utilizing religious requirements or exercising a religious preference in employment decisions.
- C. To remain abreast of new developments in the field through both educational activities and clinical experience. We agree at all levels of membership to continue post-graduate education and professional growth including supervision, consultation, and active participation in the meetings and affairs of the Association.
- D. To seek out and engage in collegial relationships, recognizing that isolation can lead to a loss of perspective and judgement.
- E. To manage our personal lives in a healthful fashion and to seek appropriate assistance for our own personal problems or conflicts.
- F. To diagnose or provide treatment only for those problems or issues that are within the reasonable boundaries of our competence.
- G. To establish and maintain appropriate professional relationship boundaries.

PRINCIPLE II - PROFESSIONAL PRACTICES

In all professional matters members of AAPC maintain practices that protect the public and advance the profession.

- A. We use our knowledge and professional associations for the benefit of the people we serve and not to secure unfair personal advantage.
- B. We clearly represent our level of membership and limit our practice to that level.
- C. Fees and financial arrangements, as with all contractual matters, are always discussed without hesitation or equivocation at the onset and are established in a straight-forward, professional manner.
- D. We are prepared to render service to individuals and communities in crisis without regard to financial remuneration when necessary.
- E. We neither receive nor pay a commission for referral of a client.
- F. We conduct our practice, agency, regional and Association fiscal affairs with due regard to recognized business and accounting procedures.
- G. Upon the transfer of a pastoral counseling practice or the sale of real, personal, tangible or intangible property or assets used in such practice, the privacy and well being of the client shall be of primary concern.
 - 1. Client names and records shall be excluded from the transfer or sale.
 - 2. Any fees paid shall be for services rendered, consultation, equipment, real estate, and the name and logo of the counseling agency.
- H. We are careful to represent facts truthfully to clients, referral sources, and third party payors regarding credentials and services rendered. We shall correct any misrepresentation of our professional qualifications or affiliations.
- I. We do not malign colleagues or other professionals.

PRINCIPLE III - CLIENT RELATIONSHIPS

It is the responsibility of members of AAPC to maintain relationships with clients on a professional basis.

- A. We do not abandon or neglect clients. If we are unable, or unwilling for appropriate reasons, to provide professional help or continue a professional relationship, every reasonable effort is made to arrange for continuation of treatment with another professional.

- B. We make only realistic statements regarding the pastoral counseling process and its outcome.
- C. We show sensitive regard for the moral, social, and religious standards of clients and communities. We avoid imposing our beliefs on others, although we may express them when appropriate in the pastoral counseling process.
- D. Counseling relationships are continued only so long as it is reasonably clear that the clients are benefiting from the relationship.
- E. We recognize the trust placed in and unique power of the therapeutic relationship. While acknowledging the complexity of some pastoral relationships, we avoid exploiting the trust and dependency of clients. We avoid those dual relationships with clients (e.g., business or close personal relationships) which could impair our professional judgement, compromise the integrity of the treatment, and/or use the relationship for our own gain.
- F. We do not engage in harassment, abusive words or actions, or exploitative coercion of clients or former clients.
- G. All forms of sexual behavior or harassment with clients are unethical, even when a client invites or consents to such behavior or involvement. Sexual behavior is defined as, but not limited to, all forms of overt and covert seductive speech, gestures, and behavior as well as physical contact of a sexual nature; harassment is defined as but not limited to, repeated comments, gestures or physical contacts of a sexual nature.
- H. We recognize that the therapist/client relationship involves a power imbalance, the residual effects of which are operative following the termination of the therapy relationship. Therefore, all sexual behavior or harassment as defined in Principle III, G with former clients is unethical.

PRINCIPLE IV - CONFIDENTIALITY

As members of AAPC we respect the integrity and protect the welfare of all persons with whom we are working and have an obligation to safeguard information about them that has been obtained in the course of the counseling process.

- A. All records kept on a client are stored or disposed of in a manner that assures security and confidentiality.
- B. We treat all communications from clients with professional confidence.
- C. Except in those situations where the identity of the client is necessary to the understanding of the case, we use only the first names of our clients when engaged in supervision or consultation. It is our responsibility to convey the importance of confidentiality to the supervisor/consultant; this is particularly

important when the supervision is shared by other professionals, as in a supervisory group.

- D. We do not disclose client confidences to anyone, except: as mandated by law; to prevent a clear and immediate danger to someone; in the course of a civil, criminal or disciplinary action arising from the counseling where the pastoral counselor is a defendant; for purposes of supervision or consultation; or by previously obtained written permission. In cases involving more than one person (as client) written permission must be obtained from all legally accountable persons who have been present during the counseling before any disclosure can be made.
- E. We obtain informed written consent of clients before audio and/or video tape recording or permitting third party observation of their sessions.
- F. We do not use these standards of confidentiality to avoid intervention when it is necessary, e.g., when there is evidence of abuse of minors, the elderly, the disabled, the physically or mentally incompetent.
- G. When current or former clients are referred to in a publication, while teaching or in a public presentation, their identity is thoroughly disguised.
- H. We as members of AAPC agree that as an express condition of our membership in the Association, Association ethics communications, files, investigative reports, and related records are strictly confidential and waive their right to use same in a court of law to advance any claim against another member. Any member seeking such records for such purpose shall be subject to disciplinary action for attempting to violate the confidentiality requirements of the organization. This policy is intended to promote pastoral and confessional communications without legal consequences and to protect potential privacy and confidentiality interests of third parties.

PRINCIPLE V - SUPERVISEE, STUDENT & EMPLOYEE RELATIONSHIPS

As members of AAPC we have an ethical concern for the integrity and welfare of our supervisees, students and employees. These relationships are maintained on a professional and confidential basis. We recognize our influential position with regard to both current and former supervisees, students and employees, and avoid exploiting their trust and dependency. We make every effort to avoid dual relationships with such persons that could impair our judgement or increase the risk of personal and/or financial exploitation.

- A. We do not engage in ongoing counseling relationships with current supervisees, students and employees.
- B. We do not engage in sexual or other harassment of supervisees, students, employees, research subjects or colleagues.

- C. All forms of sexual behavior, as defined in Principle III.G, with our supervisees, students, research subjects and employees (except in employee situations involving domestic partners) are unethical.
- D. We advise our students, supervisees, and employees against offering or engaging in, or holding themselves out as competent to engage in, professional services beyond their training, level of experience and competence.
- E. We do not harass or dismiss an employee who has acted in a reasonable, responsible and ethical manner to protect, or intervene on behalf of, a client or other member of the public or another employee.

PRINCIPLE VI - INTERPROFESSIONAL RELATIONSHIPS

As members of AAPC we relate to and cooperate with other professional persons in our community and beyond. We are part of a network of health care professionals and are expected to develop and maintain interdisciplinary and interprofessional relationships.

- A. We do not offer ongoing clinical services to persons currently receiving treatment from another professional without prior knowledge of and in consultation with the other professional, with the clients' informed consent. Soliciting such clients is unethical.
- B. We exercise care and interprofessional courtesy when approached for services by persons who claim or appear to have inappropriately terminated treatment with another professional.

PRINCIPLE VII - ADVERTISING

Any advertising by or for a member of AAPC, including announcements, public statements and promotional activities, is undertaken with the purpose of helping the public make informed judgements and choices.

- A. We do not misrepresent our professional qualifications, affiliations and functions, or falsely imply sponsorship or certification by any organization.
- B. We may use the following information to describe ourselves and the services we provide: name; highest relevant academic degree earned from an accredited institution; date, type and level of certification or licensure; AAPC membership level, clearly stated; address and telephone number; office hours; a brief review of services offered, e.g., individual, couple and group counseling; fee information; languages spoken; and policy regarding third party payments. Additional relevant information may be provided if it is legitimate, reasonable, free of deception and not otherwise prohibited by these principles. We may not use the initials "AAPC" after our names in the manner of an academic degree.
- C. Announcements and brochures promoting our services describe them with accuracy and dignity, devoid of all claims or evaluation. We may send them to

professional persons, religious institutions and other agencies, but to prospective individual clients only in response to inquiries.

- D. We do not make public statements which contain any of the following:
1. A false, fraudulent, misleading, deceptive or unfair statement.
 2. A misrepresentation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.
 3. A testimonial from a client regarding the quality of services or products.
 4. A statement intended or likely to create false or unjustified expectations of favorable results.
 5. A statement implying unusual, unique, or one-of-a-kind abilities, including misrepresentation through sensationalism, exaggeration or superficiality.
 6. A statement intended or likely to exploit a client's fears, anxieties or emotions.
 7. A statement concerning the comparative desirability of offered services.
 8. A statement of direct solicitation of individual clients.
- E. We do not compensate in any way a representative of the press, radio, television or other communication medium for the purpose of professional publicity and news items. A paid advertisement must be identified as such, unless it is contextually apparent that it is a paid advertisement. We are responsible for the content of such advertisement. Any advertisement to the public by radio or television is to be pre-recorded, approved by us and a recording of the actual transmission retained in our possession.
- F. Advertisements or announcements by us of workshops, clinics, seminars, growth groups or similar services or endeavors, are to give a clear statement of purpose and a clear description of the experiences to be provided. The education, training and experience of the provider(s) involved are to be appropriately specified.
- G. Advertisements or announcements soliciting research participants, in which clinical or other professional services are offered as an inducement, make clear the nature of the services as well as the cost and other obligations or risks to be accepted by participants in the research.

(Amended April 28, 1994)

(Procedures separated out April 17, 1993)

Appendix B

American Association of Christian Counselors (AACC)

I. ETHICAL STANDARDS FOR CHRISTIAN COUNSELORS

ES1-100 First, Do No Harm

Christian counselors acknowledge that the first rule of professional-ministerial ethical conduct is: *do no harm* to those served.

1-101 Affirming the God-given Dignity of All Persons Affirmatively, Christian counselors recognize and uphold the inherent, God-given dignity of every human person, from the pre-born to those on death's bed. Human beings are God's creation—in fact, the crown of His creation—and are therefore due all the rights and respect and ordered logic that this fact of creation entails. Therefore, regardless of how we respond to and challenge harmful attitudes and actions, Christian counselors will express a loving care to any client, service-inquiring person, or anyone encountered in the course of practice or ministry, without regard to race, ethnicity, gender, sexual behavior or orientation, socio-economic status, education, denomination, belief system, values, or political affiliation. God's love is unconditional and, at this level of concern, so must that of the Christian counselor.

1-102 No Harm or Exploitation Allowed Prohibitively, then, Christian counselors avoid every manner of harm, exploitation, and unjust discrimination in all client-congregant relations. Christian counselors are also aware of their psychosocial and spiritual influence and the inherent power imbalance of helping relationships—power dynamics that can harm others even without harmful intent.

1-110 Avoidance of Client Harm, Intended or Not Christian counselors strictly avoid all behavior or suggestion of practice that harms or reasonably could harm clients, client families, client social systems and representatives, students, trainees, supervisees, employees, colleagues, and third-party payors and authorizers.

1-111 Managing Client Conflicts Christian counselors acknowledge that client conflicts are unavoidable. In fact, conflict and resistance are often a central dynamic of the helping process. We will attempt to resolve all counseling conflicts in the client's best interest. Counselors tempted to respond in harmful ways to clients shall seek out consultative and restorative help. If self-control is not accomplished—and client harm is not avoided—counselors shall terminate counseling relations and make referral in the client's best interest.

1-112 Action Regarding Clients Harmed by Other Helpers Christian counselors take proper action against the harmful behavior of other counselors and pastors. We will act assertively to challenge or expose those who exploit others, and protect clients against harm wherever it is found, taking care to honor and support client decision-making regarding curative action against violators.

1-113 Managing Problems with Managed Care Managed care has greatly expanded its influence in health and mental health service delivery. Widespread problems in client-provider-managed care relations are now being reported: breach of confidentiality, client

abandonment, failure to maintain continuity of care, incompetent care, restriction of therapist choice and access, and even infliction of emotional distress. Christian counselors acknowledge these legal-ethical problems, and will avoid and work to correct any unethical entanglement and unintended client harm due to managed care relations.

1-120 Refusal to Participate in the Harmful Actions of Clients Christian counselors refuse to condone, advocate for, or assist the harmful actions of clients, especially those that imperil human life from conception to death. We agree that the protection of human life is always a priority value in any professional or ministerial intervention. We will not abandon clients who do or intend harm, will terminate helping relations only in the most compelling circumstances, and will continue to serve clients in these troubles so far as it is humanly possible.

1-121 Application to Deadly and Threatening Behavior Christian counselors refuse to condone, advocate for, or assist the suicidal, homicidal, or assaultive/abusive harm done to self or others by clients, including that which is threatened by verbal or other means. In fact, we are under an affirmative ethical duty to prudently intervene for the sake of protecting life, and under certain conditions, to report deadly threats to the proper authorities and those threatened by clients (see Code sections 1-430ff).

1-122 Application to Substance Abuse and Other Addictions Christian counselors refuse to condone, advocate for, or assist substance abuse or other addictions and addictive behaviors by clients. We recognize and accept the distinction between drug dependence and addiction, and may support or assist clients in the use of necessary drugs—even those from which dependencies may develop for limited periods of time—when medically justified and under a physician’s supervision.

1-123 Application to Abortion Christian counselors refuse to condone or advocate for abortion and the abortion-related activities of clients. All counselors will consider and inform clients of alternative means to abortion and, as far as it is possible, will continue to serve clients and work compassionately with them through the abortion crisis.

1-124 Application to Divorce Christian counselors refuse to assume the decision for client divorce. We may assist clients in analyzing and making the decision to divorce, insofar as it is biblically permissible, as God does allow for divorce in some cases. Therefore, we may assist clients through the divorce process without being a divorce advocate, as that divorce decision must always reside in and be owned by the client. Christian counselors working in divorce mediation will be careful to communicate that such work is not an endorsement of divorce, but rather a decision to offer a better choice than adversarial litigation and its destructive family impact when divorce is inevitable.

1-125 Application to Premarital and Extramarital Sexual Behavior Christian counselors refuse to condone or advocate for the pursuit of or active involvement in premarital and extra-marital sexual behavior by clients—promoting an affair is never proper counsel as a solution to marital problems. We acknowledge that sex is God’s good creation and a delightful gift when confined to one man and one woman in marriage. We may agree to and support the wish to work out issues of sexual behavior, identity, and attractions, but will encourage sexual celibacy or biblically proscribed sexual behavior while such issues are being addressed.

1-126 Application to Homosexual and Transgendered Behavior Christian counselors refuse to condone or advocate for the pursuit of or active involvement in homosexual, transgendered, and cross-dressing behavior, and in the adoption gay &

lesbian & transgendered lifestyles by clients. We may agree to and support the wish to work out issues of homosexual and transgendered identity and attractions, but will refuse to describe or reduce human identity and nature to sexual reference or orientation, and will encourage sexual celibacy or biblically proscribed sexual behavior while such issues are being addressed. Christian counselors differ, on biblical, ethical, and legal grounds, with groups who abhor and condemn reparative therapy, willingly offering it to those who come into counseling with a genuine desire to be set free of homosexual attractions and leave homosexual behavior and lifestyles behind. Either goal of heterosexual relations and marriage or lifelong sexual celibacy is legitimate and a function of client choice in reparative therapy. It is acknowledged that some persons engaged in same-sex change or reparative therapy will be able to change and become free of all homo-erotic behavior and attraction, some will change but will still struggle with homosexual attraction from time to time, and some will not change away from homosexual practices.

1-127 Application to Euthanasia and Assisted Suicide Christian counselors refuse to condone or advocate for active forms of euthanasia and assisted suicide. We may agree to and support the wish not to prolong life by artificial means, and will often advocate for hospice care, more effective application of medicine, and other reasonable means to reduce pain and suffering. Regarding patients or clients who wish to die, we will not deliver, nor advocate for, nor support the use of drugs or devices to be utilized for the purpose of ending a patient's life. We recognize that the death of a patient may occur as the unintended and secondary result of aggressive action to alleviate a terminally ill patient's extreme pain and suffering. So long as there are no other reasonable methods to alleviate such pain and suffering, the Christian counselor is free to support, advocate for, and participate in such aggressive pain management in accordance with sound medical practice, and with the informed consent of the patient or the patient's authorized representative.

1-130 Sexual Misconduct Forbidden All forms of sexual misconduct in pastoral, professional, or lay relationships are unethical. This includes every kind of sexual exploitation, deception, manipulation, abuse, harassment, relations where the sexual involvement is invited, and relations where informed consent presumably exists. Due to the inherent power imbalance of helping relationships and the immoral nature of sexual behavior outside of marriage, such apparent consent is illusory and illegitimate. Forbidden sexual activities and deceptions include, but are not limited to, direct sexual touch or contact; seductive sexual speech or non-verbal behavior; solicitation of sexual or romantic relations; erotic contact or behavior as a response to the sexual invitation or seductive behavior of clients; unnecessary questioning and/or excessive probing into the client's sexual history and practices; inappropriate counselor disclosures of client attractiveness, sexual opinions, or sexual humor; advocacy of the healing value of counselor-client sexual relations; secretive sexual communications and anonymous virtual interaction via the Internet or other electronic and informational means; sexual harassment by comments, touch, or promises/threats of special action; and sexual misconduct as defined by all applicable laws, ethics, and church, organizational, or practice policies.

1-131 Sexual Relations with Former Clients Forbidden All sexual relations as defined in 1-130 above with former clients are unethical. Furthermore, we do not terminate and

refer clients or parishioners, even at first contact, in order to pursue sexual or romantic relations.

1-132 Counseling with Marital/Sexual Partners Christian counselors do not counsel, but make appropriate referral, with current or former sexual and/or marital partners.

1-133 Marriage with Former Clients/Patients Since marriage is honorable before God, the lone exception to this rule against marriage to a former client, is a case anticipating marriage, so long as (1) counseling relations were properly terminated, and not for the purpose of pursuing marriage or romantic relations, (2) the client is fully informed that any further counseling must be done by another, (3) there is no harm or exploitation of the client or the client's family as a result of different relations with the counselor, and (4) the marriage takes place two years or more after the conclusion of a counseling or helping relationship.

1-140 Dual and Multiple Relationships Dual relationships involve the breakdown of proper professional or ministerial *boundaries*. A dual relationship is where two or more roles are mixed in a manner that can harm the counseling relationship. Examples include counseling plus personal, fraternal, business, financial, or sexual and romantic relations. Some dual relationships are not unethical—it is client exploitation that is wrong, not the dual relationship itself. Based on an absolute application that harms membership bonds in the Body of Christ, we oppose the ethical-legal view that all dual relationships are per se harmful and therefore invalid on their face. Many dual relations are wrong and indefensible, but some dual relationships are worthwhile and defensible (per section 1-142 below).

1-141 The Rule of Dual Relationships While in therapy, or when counseling relations are imminent, or for an appropriate time after termination of counseling, Christian counselors do not engage in dual relations with counselees. Some dual relationships are always avoided—sexual or romantic relations, and counseling close friends, family members, employees, or supervisees. Other dual relationships should be presumed troublesome and avoided wherever possible.

1-142 Proving an Exception to the Rule The Christian counselor has the burden of proving a justified dual relationship by showing (1) informed consent, including discussion of how the counseling relationship might be harmed as other relations proceed, and (2) lack of harm or exploitation to the client. As a general rule, all close relations are unethical if they become counselor-client or formal lay helping relations. Dual relations may be allowable, requiring justification by the foregoing rule, if the client is an arms-length acquaintance—if the relationship is not a close one. This distinction is crucial in the applications below.

1-143 Counseling with Family, Friends, and Acquaintances Christian counselors do not provide counseling to close family or friends. We presume that dual relations with other family members, acquaintances, and fraternal, club, association, or group members are potentially troublesome and best avoided, otherwise requiring justification.

1-144 Business and Economic Relations Christian counselors avoid partnerships, employment relations, and close business associations with clients. Barter relations are normally avoided as potentially troublesome, and require justification; therefore if done, barter is a rare and not a common occurrence. Unless justified by compelling necessity, customer relations with clients are normally avoided.

1-145 Counseling with Fellow Church Members Christian counselors do not provide counseling to fellow church members with whom they have close personal, business, or shared ministry relations. We presume that dual relations with any other church members who are clients are potentially troublesome and best avoided, otherwise requiring justification. Pastors and church staff helpers will take all reasonable precautions to limit the adverse impact of any dual relationships.

1-146 Termination to Engage in Dual Relations Prohibited Christian counselors do not terminate counseling to engage in dual relationships of any kind. Some counselors and their former clients will agree that any future counseling will be done by someone else if, after legitimate termination, they decide to pursue another form of relationship.

ES1-200 Competence in Christian Counseling

1-210 Honoring the Call to Competent Christian Counseling Christian counselors maintain the highest standards of competence with integrity. We know and respect the boundaries of competence in ourselves and others, especially those under our supervision. We make only truthful, realistic statements about our identity, education, experience, credentials, and about counseling goals and process, avoiding exaggerated and sensational claims. We do not offer services or work beyond the limits of our competence and do not aid or abet the work of Christian counseling by untrained, unqualified, or unethical helpers.

1-220 Duties to Consult and/or Refer Christian counselors consult with and/or refer to more competent colleagues or supervisors when these limits of counseling competence are reached: (1) when facing issues not dealt with before or not experienced in handling, (2) when clients need further help outside the scope of our training and practice, (3) when either counselor or clients are feeling stuck or confused about counseling and neither is clear what to do about it, or (4) when counselees are deteriorating or making no realistic gain over a number of sessions. Christian counselors shall honor the client's goals and confidential privacy interests in all consultations and referrals.

1-221 Consultation Practice When counseling help is needed, and with client consent, consultation may be attempted first, when in the client's best interest and to improve helper's knowledge and skill where some competence exists. Counselors shall take all reasonable action to apply consultative help to the case in order to gain/maintain ground toward client objectives. The consultant shall maintain a balanced concern for the client discussed and the practice/education needs of the consultee, directing the counselor-consultee to further training or special resources, if needed.

1-222 Referral Practice Referral shall be made in situations where client need is beyond the counselor's ability or scope of practice or when consultation is inappropriate, unavailable, or unsuccessful. Referrals should be done only after the client is provided with informed choices among referral sources. As much as possible, counselors referred to shall honor prior commitments between client and referring counselor or church.

1-223 Seek Christian Help, If Available When consulting or referring, Christian counselors seek out the best Christian help at a higher level of knowledge, skill, and expertise. If Christian help is not available, or when professional skill is more important than the professional's beliefs, Christian counselors shall use the entire network of professional services available.

1-224 Avoid Counsel Against Professional Treatment Christian counselors do not counsel or advice against professional counseling, medical or psychiatric treatment, the

use of medications, legal counsel, or other forms of professional service merely because we believe such practice is per se wrong or because the provider may not be a Christian.

1-230 Duties to Study and Maintain Expertise Christian counselors keep abreast of and, whenever possible, contribute to new knowledge, issues, and resources in Christian counseling and our respective fields. We maintain an active program of study, continuing education, and personal/professional growth to improve helping effectiveness and ethical practice. We seek out specialized training, supervision, and/or advanced certification if we choose to gain expertise and before we practice and advertise in recognized specialty areas of counseling and clinical practice.

1-240 Maintaining Integrity in Work, Reports, and Relationships Christian counselors maintain the highest standards of integrity in all their work, in professional reports, and in all professional relationships. We delegate to employees, supervisees, and other subordinates only that work these persons can competently perform, meeting the client's best interest and done with appropriate supervision.

1-250 Protective Action When Personal Problems Interfere Christian counselors acknowledge that sin, illnesses, mental disorders, interpersonal crises, distress, and self-deception still influence us personally—and that these problems can adversely affect our clients and parishioners. When personal problems flare to a level that harm to one's clients is realized or is highly likely, the Christian counselor will refrain from or reduce those particular professional-ministerial activities that are or could be harmful. During such times, the counselor will seek out and use those reparative resources that will allow for problem resolution and a return to a fully functioning ministry, if possible.

ES1-300 Informed Consent in Christian Counseling

1-310 Securing Informed Consent Christian counselors secure client consent for all counseling and related services. This includes the video/audio-taping of client sessions, the use of supervisory and consultative help, the application of special procedures and evaluations, and the communication of client data with other professionals and institutions. Christian counselors take care that (1) the client has the *capacity* to give consent; (2) we have discussed counseling together and the client *reasonably understands* the nature and process of counseling; the costs, time, and work required; the limits of counseling; and any appropriate alternatives; and (3) the client *freely gives consent* to counseling, without coercion or undue influence.

1-320 Consent for the Structure and Process of Counseling Christian counselors respect the need for informed consent regarding the structure and process of counseling. Early in counseling, counselor and client should discuss and agree upon these issues: the nature of and course of therapy; client issues and goals; potential problems and reasonable alternatives to counseling; counselor status and credentials; confidentiality and its limits; fees and financial procedures; limitations about time and access to the counselor, including directions in emergency situations; and procedures for resolution of disputes and misunderstandings. If the counselor is supervised, that fact shall be disclosed and the supervisor's name and role indicated to the client.

1-321 Consent from Parent or Client Representative Christian counselors obtain consent from parents or the client's legally authorized representative when clients are minors or adults who are legally incapable of giving consent.

1-322 Documentation of Consent Christian counselors will document client consent in writing by professional service contract or consent form, the standard now required in most professional therapy relations, or by case note at the very least.

1-330 Consent for Biblical-Spiritual Practices in Counseling Christian counselors do not presume that all clients want or will be receptive to explicit spiritual interventions in counseling. We obtain consent that honors client choice, receptivity to these practices, and the timing and manner in which these things are introduced: prayer for and with clients, Bible reading and reference, spiritual meditation, the use of biblical and religious imagery, assistance with spiritual formation and discipline, and other common spiritual practices.

1-331 Special Consent for More Difficult Interventions Close or special consent is obtained for more difficult and controversial practices. These include, but are not limited to: deliverance and spiritual warfare activities; cult de-programming work; recovering memories and treatment of past abuse or trauma; use of hypnosis and any kind of induction of altered states; authorizing (by MDs) medications, electro-convulsive therapy, or patient restraints; use of aversive, involuntary, or experimental therapies; engaging in reparative therapy with homosexual persons; and counseling around abortion and end-of-life issues. These interventions require a more detailed discussion with patient-clients or client representatives of the procedures, risks, and treatment alternatives, and we secure detailed written agreement for the procedure.

ES1-400 Confidentiality, Privacy, and Privileged Communication

1-410 Maintaining Client Confidentiality Christian counselors maintain client confidentiality to the fullest extent allowed by law, professional ethics, and church or organizational rules. Confidential client communications include all verbal, written, telephonic, audio or videotaped, or electronic communications arising within the helping relationship. Apart from the exceptions below, Christian counselors shall not disclose confidential client communications without first discussing the intended disclosure and securing written consent from the client or client representative.

1-411 Discussing the Limits of Confidentiality and Privilege Clients should be informed about both the counselor's commitment to confidentiality and its limits before engaging in counseling. Christian counselors avoid stating or implying that confidentiality is guaranteed or absolute. We will discuss the limits of confidentiality and privacy with clients at the outset of counseling.

1-420 Asserting Confidentiality or Privilege Following Demands for Disclosure

Protecting confidential communications, including the assertion of privilege in the face of legal or court demands, shall be the first response of counselors to demands or requests for client communications and records.

1-421 Disclosure of Confidential Client Communications Christian counselors disclose only that client information they have written permission from the client to disclose or that which is required by legal or ethical mandates. The counselor shall maintain confidentiality of client information outside the bounds of that narrowly required to fulfill the disclosure and shall limit disclosures only to those people having a direct professional interest in the case. In the face of a subpoena, counselors shall neither deny nor immediately comply with disclosure demands, but will assert privilege in order to give the client time to consult with a lawyer to direct disclosures.

1-430 Protecting Persons from Deadly Harm: The Rule of Mandatory Disclosure Christian counselors accept the limits of confidentiality when human life is imperiled or abused. We will take appropriate action, including necessary disclosures of confidential information, to protect life in the face of client threats of suicide, homicide, and/or the abuse of children, elders, and dependent persons.

1-431 The Duty to Protect Others The duty to take protective action is triggered when the counselor (1) has reasonable suspicion, as stated in your state statute, that a minor child (under 18 years), elder person (65 years and older), or dependent adult (regardless of age) has been harmed by the client; or (2) has direct client admissions of serious and imminent suicidal threats; or (3) has direct client admissions of harmful acts or threatened action that is serious, imminent, and attainable against a clearly identified third person or group of persons.

1-432 Guidelines to Ethical Disclosure and Protective Action Action to protect life, whether you're a client or a third-person, shall be that which is reasonably necessary to stop or forestall deadly or harmful action in the present situation. This could involve hospitalizing the client, intensifying clinical intervention to the degree necessary to reasonably protect against harmful action, consultation and referral with other professionals, or disclosure of harm or threats to law enforcement, protective services, identifiable third-persons, and/or family members able to help with protective action.

1-433 Special Guidelines When Violence is Threatened Against Others Action to protect third persons from client violence may involve or, in states that have a third-person protection (*Tarasoff*) duty, require disclosure of imminent harm to the intended victim, to their family or close friends, and to law enforcement. When child abuse or elder abuse or abuse of dependent adults exists, as defined by state law, Christian counselors shall report to child or elder protective services, or to any designated agency established for protective services. We shall also attempt to defuse the situation and/or take preventive action by whatever means are available and appropriate. When clients threaten serious and imminent homicide or violence against an identifiable third-person, the Christian counselor shall inform appropriate law enforcement, and/or medical-crisis personnel, and the at-risk person or close family member of the threat, except when precluded by compelling circumstances or by state law.

When the client threat is serious but not imminent, the Christian counselor shall take preventive clinical action that seeks to forestall any further escalation of threat toward violent behavior.

1-440 Disclosures in Cases of Third-party Payment and Managed Care Christian counselors are diligent to protect client confidences in relations with insurance and third party payors, employee assistance programs, and managed care groups. We are cautious about demands for confidential client information that exceed the need for validation of services rendered or continued care. We do not disclose or submit session notes and details of client admissions solely on demand of third-party payors. We will narrowly disclose information that the client has given written authorization only after we have discussed and are assured that the client understands the full implications of authorizations signed or contemplated to sign.

1-450 Disclosures for Supervision, Consultation, Teaching, Preaching, and Publication Christian counselors do not disclose confidential client communications in any supervisory, consultation, teaching, preaching, publishing, or other activity without

written or other legal authorization by the client. Counselors under supervision will disclose that fact to their clients. We will adequately disguise client identifiers by various means when presenting cases in group or in public forums. We will not presume that disguise alone is sufficient client protection, but will consider seeking client authorization when client identity is hard to conceal.

1-460 Maintaining Privacy and Preserving Written Records Christian counselors will preserve, store, and transfer written records of client communications in a way that protects client confidentiality and privacy rights. This requires, at minimum, keeping records files in locked storage with access given only to those persons with a direct professional interest in the materials.

1-461 Maintaining Privacy in Electronic Databases Christian counselors take special precautions to protect client privacy rights with records stored and transferred by electronic means. This requires, at minimum, use of password entry into all electronic client files and/or coded files that do not use client names or easy identifiers. Client information transferred electronically—FAX, E-mail, or other computerized network transfer—shall be done only after the counselor determines that the process of transmission and reception of data is reasonably protected from interception and unauthorized disclosures.

1-470 Advocacy for Privacy Rights Against Intrusive Powers Christian counselors hear the most private and sensitive details of client lives—information that must be zealously guarded from public disclosure. Rapidly expanding and interlocking electronic information networks are increasingly threatening client privacy rights. Though federal and state laws exist to protect client privacy, these laws are weak, are routinely violated at many levels, and the record of privacy right enforcement is dismal. Accordingly, Christian counselors are called to wisely protect and assertively advocate for privacy protection on behalf of our clients against the pervasive intrusion of personal, corporate, governmental, even religious powers.

ES1-500 Ethical Practice in Christian Counseling and Evaluation

1-510 Fees and Financial Relationships in Christian Counseling Professional Christian counselors will set fees for services that are fair and reasonable, according to the services contracted and time performed, and with due regard for the client's ability to pay. We avoid all deception, confusion, and misrepresentation about fees and in our financial relationships with clients and client systems.

1-511 Disclosure of Fees and Payment History Fee schedules and rules for payment shall be outlined clearly for client review at the outset of counseling. Moreover, agreement about fees and payment schedules will be made as early as possible in the course of professional relations. We will provide clients or their representatives with a full and accurate account of previous and current charges upon request.

1-512 Sliding Fee Scales Encouraged Christian counselors are free, within the bounds of biblical, professional, and community standards, to set their own fees. Clinicians are encouraged, however, to use sliding fee schedules, scaled to client's ability to pay, and other reduced payment methods to increase counseling accessibility to those of lesser financial means.

1-513 Pro Bono Work Christian counselors are encouraged, beyond their fee schedule, to make a portion of their time and services available without cost or at a greatly reduced fee to those unable to pay.

1-514 Avoiding Self-serving Financial Relations Christian counselors avoid financial practices that result or appear to result in greedy and self-serving outcomes. We do not select clients or prolong therapy based on their ability to pay high fees, nor do we quickly terminate counseling with low-fee clients. When making referrals, we do not divide fees with other professionals nor accept or give anything of value for making the referral. We do not exaggerate problems nor refer exclusively for specialized services to get clients into special programs or institutions in which we have a proprietary interest.

1-515 Financial Integrity with Insurance and Third-party Payors Christian counselors maintain financial integrity with client insurers and other third-party payors. We do not charge third-party payors for services not rendered, nor for missed or cancelled appointments, unless specially authorized to do so. We do not distort or change diagnoses to fit restricted reimbursement categories. Any special benefits or reductions in client fees must also be extended in full to third-party payors.

1-520 Case notes and Proper Record-keeping Christian counselors maintain appropriate documentation of their counseling activities, adequate for competent recall of prior sessions and the provision of later services by oneself or others. Records used in legal and other official capacities will show the quality, detail, objectivity, and timeliness of production expected by professionals who practice in these arenas.

1-521 Records Maintenance and Ownership Records of professional activities will be created, maintained, stored, and disposed of in accordance with the law and the ethical duties of the counselor, especially maintaining client confidentiality. Ordinarily, client records belong to the employing organization or to the therapist in a private or group practice. However, in view of the expanding right of client record access and the ethic of continuity of care, clients' records should follow the client. Therefore, in any dispute about record access or ownership at the termination of professional employment, the records will stay with the employer if the therapist is leaving the area and his or her clients, or they should go with the therapist if he or she is staying in the area and the clients are staying with the therapist.

1-530 Ethics in Testing, Assessment, and Clinical Evaluation Christian counselors do clinical evaluations of clients only in the context of professional relations, in the best interests of clients, and with the proper training and supervision. Christian counselors avoid (1) incompetent and inaccurate evaluations, (2) clinically unnecessary and excessively expensive testing, and (3) unauthorized practice of testing and evaluation that is the province of another clinical or counseling discipline. Referral and consultation are used when evaluation is desired or necessary beyond the competence and/or role of the counselor.

1-531 Use of Appropriate Assessments Christian counselors use tests and assessment techniques that are appropriate to the needs, resources, capabilities, and understanding of the client. We apply tests skillfully and administer tests properly and safely. We substantiate our findings, with knowledge of the reliability, validity, outcome results, and limits of the tests used. We avoid both the misuse of testing procedures and the creation of confusion or misunderstanding by clients about testing purposes, procedures, and findings.

1-532 Reporting and Interpreting Assessment Results Christian counselors report testing results in a fair, understandable, and objective manner. We avoid undue testing bias and

honor the limits of test results, ensuring verifiable means to substantiate conclusions and recommendations. We recognize the limits of test interpretation, and avoid exaggeration and absolute statements about the certainty of client diagnoses, behavior predictions, clinical judgments, and recommendations. Due regard is given to the unique history, values, family dynamics, sociocultural influences, economic realities, and spiritual maturity of the client. Christian counselors will state any and all reservations about the validity of test results and present reports and recommendations in tentative language and with alternative possibilities.

1-540 Working with Couples, Families, and Groups Christian counselors often work with multiple persons in session—marriage couples, families or parts of families, and small groups—and should know when these forms of counseling are preferred over or used as an adjunct to individual counseling. In these relationships we will identify a primary client—the group as a unit or the individual members—and will discuss with our client(s) how our differing roles, counseling goals, and confidentiality and consent issues are affected by these dynamics.

1-541 Safety and Integrity in Family and Group Counseling Christian counselors will maintain their role as fair, unbiased, and effective helpers in all marital, family, and group work. We will remain accessible to all persons, avoiding enmeshed alliances and taking sides unjustly. As group or family counseling leaders, Christian counselors respect the boundary between constructive confrontation and verbal abuse, and will take reasonable precautions to protect client members from any physical, psychological, or verbal abuse from other members of a family or group.

1-542 Confidentiality in Family and Group Counseling (see also ES1-400) Christian counselors do not promise or guarantee confidentiality in family and group counseling, but rather explain the problems and limits of keeping confidences in these modes of therapy. We communicate the importance of confidentiality and encourage family or group members to honor it, including discussion of consequences for its breach. Christian counselors do not share confidences by one family or group member to others without permission or prior agreement, unless maintaining the secret will likely lead to grave and serious harm to a family member or someone else.

1-543 Avoiding and Resolving Role Conflicts If/when Christian counselors are asked to perform conflicting roles with possible unethical consequences (i.e.: pressure to keep "secrets" or called to testify as an adverse witness in a client's divorce), we will clarify our therapeutic, neutral, and mediative role and/or decline to serve in a conflicted capacity, if possible. Some counselors will contract for professional neutrality at the beginning of professional relations, securing client agreement not to have oneself or one's records subpoenaed or deposed in any legal proceeding.

1-550 Working with Persons of Different Faiths, Religions, and Values Christian counselors do not withhold services to anyone of a different faith, religion, denomination, or value system. We work to understand the client's belief system and always maintain respect for the client. We strive to understand when faith and values issues are important to the client and foster values-informed client decision-making in counseling. We share our own faith only as a function of legitimate self-disclosure and when appropriate to client need, always maintaining a humility that exposes and never imposes the way of Christ.

1-551 Action if Value Differences Interfere with Counseling Christian counselor work to resolve problems—always in the client's best interest—when differences between counselor and client values becomes too great, adversely affecting counseling. This may include discussion of the issue as a therapeutic matter, renegotiation of the counseling agreement, consultation with a supervisor or trusted colleague or, as a last resort, referral to another counselor if the differences cannot be reduced or bridged.

1-560 Continuity of Care and Service Interruption Christian counselors maintain continuity of care for all patients and clients. We avoid interruptions in service to clients that are too lengthy or disruptive. Care is taken to refer clients and network to provide emergency services when faced with counselor vacations, illnesses, job changes, financial hardships, or any other reason services are interrupted or limited.

1-570 Avoiding Abandonment and Improper Counseling Termination Christian counselors do not abandon clients. To the extent the counselor is able, client services are never abruptly cut-off or ended without giving notice and adequately preparing the client for termination or referral.

1-571 Ethical Termination of Counseling Discussion and action toward counseling termination and/or referral is indicated when (1) counseling goals have been achieved; (2) when the client no longer wants or does not return to counseling; (3) when the client is no longer benefiting from counseling; or (4) when counseling is harmful to the client. Christian counselors shall discuss termination and/or referral with clients, offer referral if wanted or appropriate, and facilitate termination in the client's best interest. If crisis events alter, even end counseling prematurely the counselor, if it is safe and proper, should follow-through with the client to ensure proper termination and referral.

ES1-600 Ethical Relations in the Professional Workplace

1-610 Honorable Relations Between Professional and Ministerial Colleagues Christian counselors respect professional and ministerial colleagues, both within and outside the church. We strive to understand and, wherever able, respect differing approaches to counseling. We strive to maintain collaborative and constructive relations with other professionals serving our client, in the client's best interest.

1-611 Solicitation of Clients Under Another's Care Christian counselors do not solicit clients nor do we knowingly offer professional services to those under the care of another mental health professional or pastor, except with that provider's knowledge, or when someone is in crisis. When approached by clients being served by other counselors, due regard will be given that relationship with a commitment to encourage client resolution with the other counselor before starting professional relations.

1-612 Maintaining Honor Toward Others When in Conflict If a counselor learns that a current client is receiving therapy from another pastor or mental health professional, reasonable steps will be taken to inform the other helper and resolve the situation. Professional relations in this case are to be maintained, as much as is possible, with a priority of Christian love and peace.

Any action to challenge or confront the wrongdoing of other service providers will be done with accuracy, humility, and protecting the dignity and reputation of others. Behavior that slanders, libels, or gossips about colleagues, or uncritically accepts these things from others about other service providers, will be strictly avoided.

1-620 Maintaining Honorable Professional and Employment Relations Christian counselors create and preserve honorable relations in the professional workplace,

whether church, counseling agency, or other setting. We maintain the utmost honesty, respect, and integrity in all employment and collegial relations. We shall contract relations that balance the best interests of clients, colleagues, and our organizations, and will honor all contractual obligations, even if it is costly for us to do so. We will avoid all actions and appearances of greed, fraud, manipulation, and self-serving action in all collegial and employment relations, and will disclose and discuss all reasonably foreseen problems to our colleagues before they enter into relations with us.

1-621 Toward Clear Role Boundaries and Work Definitions All professional/employment relations should be mutually understood and described in sufficient detail by work agreement. Administrators and staff should reasonably understand (1) required work behavior, expectations, and limits; (2) lines of authority and responsibility; (3) bases for and boundaries of accountability; and (4) procedures for voicing and curing disagreements and substandard work performance. When such guidelines do not exist, Christian counselors encourage development of sound collegial and employer-employee rules and relations.

1-630 Christian Counselors as Employers Employers of Christian counselors shall provide a personnel program that honors the dignity and promotes the welfare of employees. Information will be given about the mission, goals, programs, policies, and procedures of the employing person or organization. Employers should deliver regular programs of in-service training, supervision of staff, and evaluation and review of employee work performance. Employers do not coerce, manipulate, threaten, or exploit employees or colleagues.

1-631 Employers Avoid Discrimination and Promote Meritoriously Employers hire, evaluate, and promote staff meritoriously—based on staff training, experience, credentials, competence, responsibility, integrity, and ethical excellence. We do not discriminate in hiring or promotion practices on the basis of age, race, ethnicity, gender, disability, medical status, socioeconomic status, or special relationship with employer or other staff.

1-640 Christian Counselors as Employees Counselors accept employment only when they are qualified for the position—by education, supervised training, credentials, skill, and experience. We will honor and advance the mission, goals, and policies of employing organizations. Employees have duties to both employers and clients and, in the event of conflict between these duties, shall strive to resolve them in ways that harmonize the best interests of both.

1-641 Employees Serve with Integrity and Dedication Employees serve with dedication, diligence, and honesty, maintaining high professional and ethical standards. We do not abuse our employment positions, nor presume excessive demands or rights against an employer.

1-642 Moving From An Agency to Private Practice While employed in a counseling agency, and for a reasonable time after employment, we do not take clients from an employing organization to develop a private or group practice of a competing kind. Any part-time practice while employed must be kept strictly separate from the clients and resources of the employing agency. If we develop a full-time private practice with intent to resign employment and take current clients, each client shall be apprised of their right to choose to stay with the employing organization or go with the therapist.

ES1-700 Ethics in Advertising and Public Relations All advertising and public communications by Christian counselors shall be done with accuracy and humility, with a primary goal of assisting clients to make informed choices about counseling services.

1-710 Unethical Statements in Public Communications Christian counselors make only factual and straightforward public communications and avoid statements that: (1) are false, inaccurate, exaggerated or sensational; (2) are likely to deceive or mislead others because it is partial or taken out of context; (3) are testimonials by current clients; (4) exploit other's fears or distressing emotions; (5) note the inferiority or negative characteristics of another counselor; and (6) express unique or unusual helping abilities outside the range of accepted Christian counseling practices.

1-720 Communication of Association with the AACC and Other Groups Public communication of AACC or other professional membership should adhere to all the requirements of this section and should not express or imply that such membership confers special status, expertise, or extraordinary competence in counseling.

1-721 Communication About Professional Status and Credentials Christian counselors do not state that professional credentials—state licenses, graduate degrees, specialized training, church, professional, or governmental certifications, or any other credentials—confer greater status or power than the credentials actually represent. Advanced credentials shall be communicated with accuracy and humility, adhering to the guidelines of the credential itself.

1-722 Communication of Unaccredited and Unrelated Credentials Christian counselors avoid public communication of degrees or credentials received from schools and organizations (1) not holding or maintaining a reputable and widely-known national stature, (2) not accredited by state, regional, or national authorities, or that (3) are not substantially related to counseling, pastoral counseling, or mental health services. Holders of a religious license or credential for church ministry only shall not state or imply that they are counseling professionals, or that they hold a mental health practice license.

1-730 Communication of Work Products and Training Materials Christian counselors ensure that advertisements about work products and training events adhere to these ethics. We take care to avoid undue influence and respect informed consumer choice in promoting our work to anyone under our professional influence or authority.

1-740 Ethical Guidelines in Public Statements by Others Christian counselors ensure adherence to these ethics by third parties we engage to create and make public statements about our work—employers, publishers, producers, sponsors, marketers, organizational clients, and representatives of the media. We do not pay for or compensate the news media for news items about our work. We are responsible to correct, in timely fashion, any misinformation by third parties regarding our work.

ES1-800 Ethical Relations with the State and Other Social Systems Christian counselors, as individual members and as an Association, will strive to maintain ethical relations with the world-wide and the local church, with the state in its various forms, with the mental health professions and associations to which some of us belong, with other professions and organizations, and with society-at-large.

1-810 Ethical Relations to Other Professions and Institutions Christian counselors recognize and respect that we are part of larger networks of Christian ministry and of mental health care. To borrow a metaphor, we envision church-based ministry and

professional mental health care as the two tracks on which runs the Christian counseling train—tracks with different rather than opposing objectives. Within the AACC are representatives of many different mental health and ministerial disciplines—we invite and welcome them all in the name of Christ. We will honor and preserve these relations, will challenge value differences with respect, and will build the best relations we can with all these professions and institutions that intersect with us as Christian counselors.

1-820 Working for a Caring Church, a Just Government, and a Better Society Christian counselors are dedicated to build a more caring church, a more just government, and a better society in which to live. We will honor the laws and customs of our culture, and will challenge them when they threaten or abuse our freedoms, dishonor our God, or deny the rights of those most powerless. When critical, we will strive to offer a better alternative—model programs to govern our ecclesiastical, socio-cultural, and governmental life. We will support the cause of Christ and advocate for Christian counseling in the church, in our ministries and professions, and in society. We will work to shape laws and policies that encourage the acceptance and growth of Christian ministry generally and Christian counseling in particular. We will facilitate harmonious relations between church and state and will serve and advocate the best interests of our clients in church, community, and governmental relations.

1-830 Being Salt and Light in a Post-Christian Culture Christian counselors acknowledge that we live in a post-Christian and pluralistic culture that no longer shares a common Judeo-Christian value base. We are called by Christ to be "salt and light" throughout our culture, a call of engagement with our culture and the world-at-large. Hence, the AACC will be and our members are encouraged to engage in active and honorable relations with the world around us—relations in which the world can see the light and taste the salt of Christ.

1-831 Christ and Culture: Diversity over Conformity We accept that there are differing views within our Association on the proper relationship of the Christian life to a modern culture that no longer substantially honors Christ. Our association includes those who are largely apolitical—acknowledging a receding religious-cultural status as Christians but dedicated to building up the church and our profession. There are also those who believe it is necessary to retain a vibrant Christian value base in society and seek to return our culture to these roots, including by political and legal action. We wish to support this diversity and encourage this ongoing debate, respecting the validity of these different views as the healthy evidence of a living church and a vibrant and growing profession.

Appendix C

Statement Of Faith

The National Association of Nouthetic counselors:

1. affirms that the Bible is the only inspired, inerrant, authoritative and sufficient Word of God consisting of the sixty-six books of the Old and New Testaments;
2. affirms that there is one God, eternally existent in three persons: Father, Son and Holy Spirit;
3. affirms the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory;
4. affirms that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential;
5. affirms that a person becomes justified by grace through faith in the Lord Jesus Christ;
6. affirms the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life;
7. affirms the resurrection of both the saved and the lost; those who are saved unto the resurrection of life, and those who are lost unto the resurrection of damnation;
8. affirms the spiritual unity of believers in our Lord Jesus Christ and His church.

Standards of Conduct

Adopted October 1, 2001

ARTICLE 1. CHRISTIAN VALUES OF THE BIBLICAL COUNSELOR

SECTION A. RELATIONSHIP TO GOD'S WORD

The Biblical counselor, by definition, is committed to the Old and New Testaments as the only authoritative rule of faith and practice. Both the beliefs and conduct of the biblical counselor, as well as his counseling theory and practice, are formed by the standards of Scripture.

SECTION B. RELATIONSHIP TO STATEMENT OF FAITH

The NANC statement of faith contains the beliefs necessary for certification as a biblical counselor by the Association.

SECTION C. RELATIONSHIP TO THE CHRISTIAN CHURCH

The biblical counselor performs his service as part of the ministry of the Christian church, embracing thereby the values of historic Christianity. He upholds and supports the common bond of fellowship, faith, and unity as prescribed in the Scriptures and seeks to establish a relationship between the counselee and a loving God within the framework of the church. Certification by the Association is contingent upon continued membership in good standing in a church subscribing to the doctrines contained in the above statement of faith. A person so certified will always seek the approval, recognition and oversight of his counseling ministry by his church.

ARTICLE II. STANDARDS FOR COUNSELING NOUTHETICALLY

The National Association of Nouthetic Counselors certifies the member as a biblical counselor in accordance with the standards and principles described in this document. The biblical counselor is committed to maintain these standards and principles and to seek to enhance the total ministry of the church and the public good.

1. The biblical counselor does not represent himself as having qualifications, affiliations or experience that he does not possess, nor will he represent himself as licensed by the state, unless he is so certified.
2. The biblical counselor does not use his knowledge, experience or position for unfair personal benefit or gain, nor does he use or allow his affiliation with the Association to be used for unethical and unbiblical purposes.
3. The biblical counselor provides his service as a ministry of the Christian church or a faith group. There shall be no exploitive representation of these services in any type of inappropriate listing or advertising. No claims are to be made verbally, or in writing, that are not in accord with the standards of the association.
4. The biblical counselor recognizes the need in many instances for early medical evaluations to determine whether the counselee's behavior may result from organic dysfunction.
5. The biblical counselor recognizes the total health needs of the counselee. He will cultivate a knowledge of professional internal medicine and general medical practitioners and health care specialists and centers.
6. The biblical counselor, since he performs his service as a ministry of the Christian church or of a faith group, does not practice privately apart from the church or other recognized ecclesiastical service or educational organization that bears the endorsement of his church.
7. The biblical counselor, if a minister or clergyman, may serve at a certified training center where charges are made, (1) when his services are for or under the auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or association of

- churches or denominations; and (2) when he is accountable to the established authority thereof.
8. The biblical counselor may make a referral to other biblical counselors, pastors or teachers who are grounded and trained in Biblical thought, perspective, methodology and conduct. Referrals should be acknowledged and significant information obtained, and/or made available, that may assist in the counseling process.
 9. The biblical counselor shall maintain in an accurate manner all notes, records and information pertaining to the counselee. Records shall be confidential and secure. It is recognized that confidentiality does not prohibit the counselor from providing information for the utilization of church and/or state authorities where necessary.
 10. The biblical counselor encourages the counselee to maintain membership and faithful participation in a local church.
 11. The biblical counselor recognizes the need for internal medicine for physiological disorders but will seek to help a counselee refrain from taking drugs that lead to dependence or that substantially affect or alter the mind or behavior. The biblical counselor recognizes that there are occasional circumstances where medication that may alter behavior is required.

ARTICLE III. RELATIONSHIP OF THE NOUTHETIC COUNSELOR TO THE COUNSELEE

The biblical counselor has no preconceptions concerning the needs of a counselee other than those already stated. The integrity of the counselee, and statements by the counselee, are accepted at face value as a truthful description of the problem. Confidentiality is respected where possible, information is safeguarded, and the best interest and well being of the counselee is preserved.

SECTION A.

It is a commitment on the part of the biblical counselor to maintain his conduct and relationship with the counselee above reproach and in accord with the highest standards of Biblical ministry.

SECTION B.

It is scriptural to offer hope. However, the biblical counselor does not offer a quick panacea, but maintains a reasonable reservation until the full needs of the counselee have been identified and analyzed.

SECTION C.

The biblical counselor stresses those requirements clearly stated in the Scriptures. His role as a biblical counselor consists of:

1. Showing the counselee that in order to be relieved of his problems biblically, his motives, thinking and behavior must conform to the concepts and standards of the Scriptures;
2. Pointing out clearly the requirements of the Scriptures as applied to everyday life and practice;
3. Helping the counselee change his life-style, habits and conduct as motives, thinking and behavior to that which God has instructed in the Scriptures.

ARTICLE IV. CHURCH OR CHRISTIAN MINISTRY RELATIONSHIP

The biblical counselor shall have a continuing membership in good standing within a Christian church. A letter of certification must be submitted from an official representative of the church or a Christian ministry indicating a satisfactory ministry in which counseling skills are utilized. The letter of certification is to be renewed every year. The office of the Executive Director will review circumstances departing from this procedure.

ARTICLE V. CONTINUING STUDY

The biblical counselor accepts the commitment to pursue his study of the Scripture and its application to all phases of spiritual growth, personal living, conduct, behavior and interpersonal relationships. He will continue to participate in developmental seminars sponsored or endorsed by the Association.

ARTICLE VI. COMMUNICATIONS AND REPRESENTATION

The biblical counselor will exercise care in public utterances and writings not to associate NANC with his private views and denominational theological positions.

1. The biblical counselor will prepare himself to train and assist pastors, elders and laypersons to learn and employ the elements of nouthetic counseling in support of Christ's church.
2. The biblical counselor shall exercise restraint in spoken or written evaluations, results or conclusions relating to individual cases or the general nouthetic counseling ministry.
3. The biblical counselor shall not imply either directly or indirectly, without the approval of the Board of Trustees, that he represents or speaks in behalf of the Association.
4. Members shall seek in every area of life to exemplify and otherwise promote the principles and practices of biblical faith and behavior with loving concern, and assist others to do the same.
5. Members shall seek association and fellowship with those who support the purposes of the Association. They shall encourage Christian churches and Christian ministries to institute training in the use of the Scriptures in order to help one another overcome the problems of life.

6. Members shall counsel, teach and write in accordance with the Scriptures. NANC will neither accept nor maintain the membership of counselors who integrate secular ideas or systems of counseling with biblical concepts.

ARTICLE VII. FAILURE TO COMPLY

The biblical counselor accepts the Standards of Conduct as stated herein when he is accepted for membership in the Association.

1. If a member is reported as failing to comply with the Standards of Conduct, and the Executive Committee establishes that the principles of Matthew 18 have been followed, in regard to private matters and there proves to be reasonable grounds for the report then two members appointed by the Board shall speak with him and others involved, in private consultation and in a spirit of gentleness, to determine if there has been failure to comply.
2. If the matter is resolved satisfactorily after appropriate review, the two members shall report findings to the Board and the matter will be concluded.
3. If the matter is not resolved satisfactorily, a written statement of the findings shall be made to the Executive Committee and a copy provided to the member in question.
4. The Executive Committee shall meet with the member in question and seek to restore him in accordance with Scriptural procedure. If this procedure fails, the Executive Committee shall make written recommendations to the Board with a copy to the member in question.
5. The member in question shall be fully informed regarding every procedure.
6. The Board of Trustees shall make the final decision. If the matter is not resolved in accord with Scriptural precept, the membership of the member in question shall be terminated.
7. Discipline may be administered by admonishment, reproof, reprimand or termination of membership.
8. If membership is terminated bodies which provided letters of recommendation will be informed of said action.
9. If the member in question fails to comply: review, investigation and any potential resultant discipline are considered matters of spiritual fellowship and biblical consequence.
10. Restoration shall not include probation.
11. The biblical counselor understands and agrees to submit to the above "Failure to Comply" provisions as a part of his membership covenant. These provisions are subject to mediation pursuant to the rules of the Institute for Christian Conciliation.

Appendix D

American Psychology Association

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A - E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological

association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and

expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS**1. Resolving Ethical Issues****1.01 Misuse of Psychologists' Work**

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of

the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic

status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy And Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials.

Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code;

and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

- (a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.
- (b) Psychologists' fee practices are consistent with law.
- (c) Psychologists do not misrepresent their fees.
- (d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)
- (e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for

which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their

voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the

conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or

research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an

explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed

Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

HISTORY AND EFFECTIVE DATE

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred. The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Appendix E

COUNSELING PARISHIONERS SURVEY

Please respond to the following questions by checking the answers as they apply to you.
If you check “other” as your answer, please discuss further in the space provided.

PART A - GENERAL INFORMATION

1) What is your pastoral status?

- ☐ Pastor in training
- ☐ Part time pastor with an additional job
- ☐ Full time pastor
- ☐ Retired

2) How many years of experience do you have in the ministry?

- ☐ Less than 5 years
- ☐ 5-10
- ☐ 11-20 years
- ☐ 21-30 years
- ☐ More than 30 years

3) Education - Check the box that applies to you: *

- ☐ Less than high school
- ☐ High school graduate/GED
- ☐ Two year seminary only (no college)
- ☐ Two year college - Majoring in _____
- ☐ Four year college - Majoring in _____
- ☐ Four year college plus seminary
- ☐ Master's degree – Majoring in _____
- ☐ Doctoral degree – Majoring in _____
- ☐ Other _____

4) Do you provide counseling as part of your ministry?

- ☐ Yes
- ☐ No

5) Have you had or are you currently pursuing a formal course of study in counseling?

- ☐ Yes
- ☐ No

6) If you answered yes to question 5, please specify the source of your counseling training. *

- ☐ Seminars
- ☐ Distance Learning Courses
- ☐ College/University
- ☐ Other _____

Please indicate the institution in which you were/are enrolled _____

7) Do you hold a professional license or certification in counseling?

- ☐ Yes
- ☐ No

8) If you answered yes to question 7, please describe what license or certification you hold

9) Please indicate any professional organization(s) in which you currently belong. *

- ☐ American Association of Christian Counselors
- ☐ American Association of Pastoral Counselors
- ☐ National Association of Nouthetic Counselors
- ☐ American Psychological Association
- ☐ American Counseling Association
- ☐ National Association of Social Workers
- ☐ American Association of Marriage and Family Therapy
- ☐ Other _____

10) Do you currently have a counseling mentor in whom you can seek advice? *

- ☐ Yes (please indicate all who apply)
 - ☐ An experienced pastor
 - ☐ A professional counselor
 - ☐ Other _____

☐ No, I do not have a mentor

**PART B – PLEASE RESPOND TO THE FOLLOWING STATEMENTS
BASED ON YOUR PERSONAL BELIEFS/OPINION**

1) An experienced and competent minister should not need counseling training.

- ☐ Strongly Agree
- ☐ Agree
- ☐ No opinion
- ☐ Disagree
- ☐ Strongly Disagree

- 2) The best tools for a pastor in a counseling situation are the Bible and prayer.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 3) Counseling theory and techniques, such as those of Carl Rogers and Sigmund Freud, should be used with scripture and prayer.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 4) If a person is called by God to be a pastor, he or she is simultaneously endowed with counseling abilities.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 5) I see my values as the lenses through which I view the world.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 6) There are no circumstances in which I would disclose what someone tells me during counseling.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree

- 7) The use of the Bible and prayer will solve most counseling problems with which I deal.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 8) Ministers must have an understanding of cultural differences in order to be fully effective.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 9) I have no problem with counseling a close friend.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 10) I have no problem with counseling a relative.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 11) There are times when divorce is necessary.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 12) Psychological problems are never a result of a biological chemical imbalance.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree

- 13) The only tool needed by a minister to counsel is the Bible.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 14) When one follows the dedicated Christian life, one does not experience psychological difficulties.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 15) If someone I am counseling threatens to harm someone, I would see it as my duty to warn or otherwise protect that person.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 16) Abortion is never an option. *
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
 - ☐ Other _____
- 17) My church members assume that one of my roles as a minister is to be a counselor.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 18) I am not sure what information from a counseling session should be kept confidential and what information I should disclose.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree

- 19) If I were counseling someone who was sexually attracted to me I might refer to another minister or counselor.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 20) There is no ethical problem with forming a social relationship after counseling ends.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 21) Most psychological problems are the result of Satan's power in control and, therefore, the person is unable to rebuke Satan through their weakened faith.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 22) Psychological approaches that are not biblically based have no place in pastoral counseling.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 23) If someone I am counseling reveals that he or she has HIV/AIDS, I have a duty to warn that person's identified sexual partners if they have not done so and if they are engaged in unsafe sexual practices.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree

- 24) If I believed a minister was doing something unethical but it wasn't a serious violation, I would discuss it with the person, or I would report it to their superior if I believed it to be a serious violation.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 25) I use prayer in pastoral counseling.
- ☐ Always
 - ☐ Most of the time
 - ☐ Some of the time
 - ☐ Never
- 26) I use scripture in pastoral counseling.
- ☐ Always
 - ☐ Most of the time
 - ☐ Some of the time
 - ☐ Never
- 27) When child abuse is revealed during counseling the minister should always report it.
- ☐ Always
 - ☐ Most of the time
 - ☐ Some of the time
 - ☐ Never
- 28) I become frustrated when counseling because I am unsure of how to proceed.
- ☐ Always
 - ☐ Most of the time
 - ☐ Some of the time
 - ☐ Never
- 29) Homosexuality is largely a condition of *
- ☐ Sin
 - ☐ Genetics
 - ☐ Other_____

30) My method of pastoral counseling is *

- ☐ Use of the Bible, prayer, and common sense.
- ☐ Psychotherapeutic approaches such as Psychodynamic, Humanistic, Behavioral, etc.
- ☐ A combination of scripture, prayer, common sense, and psychotherapeutic approaches.
- ☐ Other _____

31) I experience stress in my ministry with the following responsibilities (check all that apply) *

- ☐ Preaching
- ☐ Teaching
- ☐ Counseling
- ☐ Funerals
- ☐ Home visitation
- ☐ Hospital visitation
- ☐ Other _____

32) I am uncomfortable in counseling situations involving (check all that apply) *

- ☐ Marital issues
- ☐ Grief
- ☐ Adultery
- ☐ Homosexuality
- ☐ Family disputes
- ☐ Issues of faith
- ☐
- Other _____

33) My counseling is guided by a specific organization's code of ethics.

- ☐ Yes
- ☐ No

34) If you answered yes to question 33, please specify the specific organization's code that guides your counseling. (Check all that apply) *

- ☐ American Association of Christian Counselors code of ethics
- ☐ American Association of Pastoral Counselors code of ethics
- ☐ National Association of Nouthetic Counselors statement of faith
- ☐ The Bible
- ☐ American Psychological Association code of conduct
- ☐ American Counseling Association code of ethics
- ☐ National Association of Social Workers code of ethics
- ☐ American Association of Marriage and Family Therapy code of ethics
- ☐ Other _____

PART C - REFERRALS

- 1) If someone comes to me for counseling and I do not have sufficient expertise with their particular problem, I would refer them to another minister or counselor.
 - ☐ Strongly Agree
 - ☐ Agree
 - ☐ No opinion
 - ☐ Disagree
 - ☐ Strongly Disagree
- 2) Have you referred individuals whom you do not feel qualified to counsel to another counselor?
 - ☐ Yes
 - ☐ No
- 3) If you answered yes, how many times in the past year have you made such a referral?
 - ☐ 1 - 2
 - ☐ 3 - 4
 - ☐ 5 or more
- 4) If you answered yes, to whom did you refer?
 - ☐ Counselor
 - ☐ Pastor
 - ☐ Psychologist
 - ☐ Psychiatrist
 - ☐ Social Worker
 - ☐ Other_____

PART D - AREAS OF FUTURE INTEREST

- 1) Do you personally feel a need for pastoral counseling training?
 - ☐ Yes
 - ☐ No
 - ☐ Not Sure
- 2) Do you plan to pursue formal counseling training?
 - ☐ Yes
 - ☐ No
 - ☐ Not Sure

Please feel free to note your personal thoughts on any or all of the survey questions, as well as your thoughts and concerns about pastoral counseling that were not covered by the items in this survey.

Appendix F

*Michael C. Stephens
Director of Leadership*

May 19, 2006

Dear Professional Church Leader,

Note below the letter to Nancy Taylor, giving my permission for her to seek your input in her survey. This is all voluntary and as noted you certainly have the right to refuse to cooperate with this project. We will understand, should you feel compelled to do so.

On the other hand, your cooperation will be much appreciated and the information gathered may prove helpful as we plan courses and continuing education opportunities on counseling in the future. Thanks for any help you can give.

Mike Stephens,
Director of Leadership Development

Nancy Taylor
113 Husky Drive
Fairmont, WV 26554

Dear Nancy,

Please be advised that you have my permission to ask professional church leaders in WV to complete surveys concerning attitudes and practices toward counseling. We understand this is an integral part of your doctoral studies in the Psychology of Counseling and look forward to the results of your research.

Please understand that participation is purely voluntary, and should they refuse to cooperate we have no authority to compel cooperation.

Your Servant in Christ,
Michael C. Stephens

*West Virginia Baptist Convention
1018 Juliana Street, Parkersburg, WV 26102-1018
Telephone - 800.879.9822
Fax - 304.481.0040
Website: www.wvbc.org*

Appendix G

West Virginia University

University Honors Program

Dear Pastor

Believing that being a pastor involves a multitude of ministerial responsibilities, I have found myself involved in many counseling situations in which I have wished for direction. I have had little formal training in how to counsel, and yet I have been thrust into that role by the very nature of my calling. Given my own experience, I am pleased to work with Nancy Taylor, a PhD student at West Virginia University, where I am teaching, in order to gain information from West Virginia Baptist pastors about their pastoral counseling training and experiences. This information is to be a part of her required doctoral dissertation.

Any information you contribute will be strictly confidential and will be used to better understand our pastoral responsibilities. The results will be made available to all our West Virginia Baptist constituency with the hope that the information might be used to enhance our overall pastoral ministry.

Sincerely,

George Truett Rogers

Retired pastor, First Baptist Church, Morgantown:

Adjunct professor, Honors Department

304-293-2100 :
Fax: 304-293-7569 : 248 Stalnaker
uhp@wvu.edu : PO Box 6635
<http://www.honors.wvu.edu> : Morgantown, WV 26506-6635

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Appendix H

West Virginia University

College of Human Resources and Education

WEST VIRGINIA UNIVERSITY
Institution Review Board for the
Protection of Human Research Subjects

MAY 01 2006

APPROVED
X
EXPIRES 4-06-03
R.S. # 11923

Dear Pastor,

You have the opportunity to contribute to a better understanding of the counseling performed by Baptist pastors in West Virginia. This is important as there is no existing literature on this topic. The ministry and parishioners will likely benefit from this knowledge.

I am a doctoral candidate in Counseling Psychology at West Virginia University, conducting research on existing counseling training, and current practices and techniques of Baptist ministers in West Virginia. I am requesting that you participate in this research study titled "The Content, Nature, and Ethics of Pastoral Counseling by West Virginia Baptist Ministers."

If you choose to participate you will complete the enclosed survey. There are no foreseeable risks in participating in this study. Your participation is completely voluntary. The estimated amount of time to complete the survey is approximately 20-30 minutes. You may choose to answer any or all of the survey questions, although completed surveys are preferred. All survey information is strictly confidential and your identity will not be revealed. You will return the completed survey in the self-addressed stamped envelope provided which contains no identifying markers.

The benefits of participating in this study will be to inform your profession of current counseling training and techniques used by ministers in counseling of parishioners. Once the study is complete participants may request to receive the results from the West Virginia Baptist Conference. Receiving these results is not contingent upon returning the survey as anyone may request the results.

Please note that Dr. G. Truett Rogers, who many of you know, has provided a letter encouraging your participation in this research. Thank you in advance for taking the time to complete this survey. A high survey return rate and accurate answers are important in gathering valid research data. The more ministers who participate in this study the better the results will reflect current practices.

Please place the completed survey in the enclosed self-addressed stamped envelope provided. Your return of this survey will indicate informed consent. If you choose not to participate, please return the uncompleted survey.

Department of Counseling, Rehabilitation Counseling
and Counseling Psychology

304-293-3807
Fax: 304-293-4082

PO Box 6122
Morgantown, WV 26506-6122

Equal Opportunity/Affirmative Action Institution

Should you have any questions or concerns, please contact any of the following persons listed below.

Sincerely,

Nancy Taylor

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Appendix I

Respondent Comments

Respondents were given the opportunity to note their personal thoughts on any or all of the survey questions, as well as their thoughts and concerns about pastoral counseling that were not covered by the items in this survey. Comments offered were both positive and negative in nature.

Those comments directed toward counseling approaches included the following:

“When a person comes to me for counseling I must realize my limits. Then refer them to a qualified counselor.” “My approach is to listen and refer those needing more than I can provide.” The counseling I do is mostly pre-marital counseling. Here in Southern WV people seldom seek the advise or counsel of the pastor. Furthermore, I am well aware of my limitations. Therefore, if we are making no progress after three sessions, I refer.” “Having done my undergrad in psychology, I believe most of what is useful in modern psychology can already be found taught in the bible.” “Steps or process is necessary, but dealing with resentment, bitterness, hidden anger, etc can alleviate many problems and conditions. Confession and forgiveness are big deals.” “When considering goals for counseling, I consider the ability to listen to be my best asset-when I follow with scripture and prayer. Many times all a person needs is to talk-someone needs to listen.” “It has been my experience that if people are sincere in seeking the will of

god in their life I can help them find it by the Holy Spirit. If they are not sincere no one can help them.” “Counseling is based on sincere care for people-the biblical agape love for people. It requires much prayer and a true effort to ‘walk in the other person’s shoes’, much of counseling, I have experienced, has to do with real listening. I have also learned that there are no ‘pat’ answers. I have been guided by biblical truths and through prayer, and I have learned always to be optimistic, and never give up on anyone.” “Good common sense and leadership by the holy-spirit leads us to do only what is right.” “I have discovered that when one truly has the mind of Christ he/she will see as he sees and by that they will be able to minister to the root cause rather than have to deal with symptoms.” “The qualified counselor in ministry is important. I found in 27 years as a pastor and doing out of state marriages, counseling before marriage is important. One of the quotes I use is keep your troubles in your home and don’t let them get out (don’t run to parents and friends with your disagreements).”

There were several comments relating to training respondents received:

“Most of my counseling deals with marriage and family relational issues. I have not yet dealt with needing to report abuse, homosexuality, or other more extraordinary issues. I have, however, wrestled with some in the classroom, but I have found

that because I studied it doesn't mean I am prepared to say what I would do in the real world as in question B23." "My seminary training (1948-1951) included the early concepts of clinical training, today's version of CPE. It included a summer where we spent our work and training at Boston City and Mass. Memorial Hospitals. Two weeks as orderlies to learn the team process of all medical staff and service agencies. We were assistant chaplains being checked on our daily visits with patients. This was one of the most valuable learning of my seminary training." "As a trained minister my training included multiple classes on the issues of pastoral counseling and faith issues. Perhaps the most helpful experience I had was clinical pastoral education at Cabel-Huntington Hospital. In addition to training and visitation my experience also took me to disaster relief counseling on behalf of church world services. Meetings with other area pastors provide opportunities to share experiences and offer insights. I meet with this group monthly but also have them to contact as need arises."

Many comments addressed concerns about the need for ministers to be trained in counseling:

"I use my limited course work in my BA in Psychology and multiple social work internship hours as a mental health practitioner as the basis of my counseling. I could see myself taking some training if the time requirements were limited, because a large part of my education was theory." "I always enjoyed the

counseling aspect of ministry. Not having advanced schooling or counseling training I always realized my limitations. I highly recommend advanced training for anyone entering the pastoral ministry.” “Though I am trained in marriage and family therapy, I could always use continuing education updates in my training.” “I feel strongly that pastoral counseling training should be emphasized by all areas of training-seminaries, denominational services, etc. being expected to be a counselor and having no training to do so is very frustrating.” “We always need more training in how to better help others.” “There is a great need for Christian based counseling in WV. I have been here for two years coming from NC. In NC there was a strong referral program where pastors could refer difficult cases to more qualified counselors. This system is lacking in WV and leaves local pastors over their head with some cases or not willing to get involved in some situations.” “I feel counseling is a serious matter, and should be considered by all as serious. To many individuals in the pastor position feel they are capable counselors when they are not, and do more damage than good.” “I do not personally believe an untrained or with no education, college degree, or post graduate should counsel. If you are not licensed or certified you are violating law.” “I believe pastors should receive training in counseling. Many believe they don’t need it. Personally I have 27 graduate hours of

study in counseling and psychotherapy. Being a pastor does not automatically qualify you to be an expert counselor, financial advisor, political director, etc.” “Pastoral counseling is a very serious matter, peoples lives are in jeopardy if taken lightly. If unqualified in an area, a pastor should always refer his patients to a qualified counselor or person experienced in that particular field. In today’s lawsuit happy world, as pastors, we must protect ourselves.” “I realized I needed to take a course in pastoral counseling after being a pastor for a few years.” “Strongly believe in counseling especially for ministers. For me it has been several years since I received my degree would love workshops to update skills.” “I would be pleased to see training for pastors now. There was none when I became a pastor.” “With the personal problems of today every pastor needs some training. I do not think the pastor is the best counselor. I base my answers on 41 years as a pastor.”

Several comments addressed general concerns:

“I have helped/assisted troubled marriages and have rescued several couples-now my best friends.” “I went to a “Christian Counselor” that had all the right certificates and degrees, but was totally off base. Not once did he pray, read the bible or acknowledge the power and presence of the Holy Spirit in my life. After 3 sessions I stopped. Started reading the Bible, meditating on it and praying the Holy Spirit He is the best counselor. Don’t

forget his power and presence in every problem of life to guide and see us through.” “I think it would be wonderful if every church had a counseling service with a full or part-time staff person. I know it is impossible but it’s what I’ve worked towards in each of the churches I’ve pastored.” “One should always note the denomination in which he or she belongs.” “Counseling has moved so fast. I do not feel I am equipped to do serious counseling. If I refer I check to see if they follow-up with my referral.” “From the questions and answers I feel that this survey is more worldly than Godly.” “I hope that I don’t hear the results of this survey one day on the national news.” “I felt some of the questions tried to force a focus to specific answers and left me uncomfortable in answering.”

In addition there were many requests to receive the completed research results. Many respondents offered words of support and encouragement for the research project including the following:

“May God be honored in your studies.” “Good luck God Bless You!” “Have a great career.” “Very good questions and insight.” “I wish you God’s richest blessings-keep up your good work.” “This is an excellent survey – I would love to chat through some of these answers.” “Good luck with your research.” “This would be an excellent area to cover in advanced courses.” “Thanks for doing this study.” “Good Luck, Don’t forget old fashioned common sense.” “I would like to hear of your future plans. How do you plan to use the survey.” “Best wishes for your future.”

Appendix J

West Virginia University

Office of Research Compliance

DATE: May 1, 2006

This research will be monitored for re-approval annually.
APPROVAL PERIOD: April 26, 2006 to April 25, 2007

NOTICE OF APPROVAL FOR PROTOCOL: IRB #16923

TO: Nancy Taylor

TITLE: The Content, Nature, and Ethics of Pastoral Counseling by
West Virginia Baptist Ministers

AGENCY: N/A

The Institutional Review Board for the Protection of Human Research Subjects (IRB) has approved the project described above. Approval was based on the descriptive material and procedures you submitted for review. Should any changes in your protocol/consent form be necessary, prior approval must be obtained from the IRB.

According to the Code of Federal Regulations, Section 312.32, investigators are required to notify the FDA and the study sponsor of any adverse experience associated with the use of an investigational drug that is serious and unexpected. A serious adverse experience is considered any event that is fatal or life-threatening, is permanently disabling, requires inpatient hospitalization, or is a congenital anomaly, cancer, or overdose. An unexpected adverse experience is an event that is not identified in nature, severity, or frequency in the current investigator brochure. Any experience reportable to FDA and the sponsor must also be reported immediately to the IRB. If the study is funded, initiation of the protocol may not begin until the contract is finalized.

Chestnut Ridge Research Building

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Morgantown, WV 26506-6845

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Date: May 1, 2006

Page -2-

Taylor

IRB #16923

A consent form*___ is X is not required of each subject.

An assent form___ is X is not required of each subject.

A recruitment ad has___ has not X been approved.

A consent form waiver has X has not___been approved.

An authorization form to use PHI has___ has not X been approved.

A PHI waiver has___ has not X been approved.

Only copies of the consent and/or assent form with the IRB's approval stamp may be used with human subject research. It is the responsibility of the investigator to submit a revised consent form for the IRB's approval should funding be obtained. This stamped consent form must then be used for subjects enrolled. A copy of each subject's signed Consent/Assent Form must be retained by the investigator and accessible to federal regulatory authorities for at least three years after the study is completed.

Lilo A. Ast

Senior Program Coordinator for
Research Compliance

LAA/clg